

# 2024 Heidi Potter Horse Speak Practical Applications Clinic

## Facility: Healing Rein Farm-Freeville, NY    May 17-19, 2024

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Join our mailing list?    Y    N    Already On

**Friday May 17: Horse Speak Intro Day 9am-5pm**

**Saturday/Sunday May 18/19: HS Practical Application 9am-5pm**

**Monday May 20: Private/Semi-Private Sessions with Heidi (Any Topic & Optional)**

**\*Fees include: Breakfast, Lunch, Drinks & Snacks (*Call if you have any food allergies*)**

- |   |   |            |
|---|---|------------|
| <input type="checkbox"/> Participant  | Early Bird Fee (50% Dep & Reg. by 3-1-24) | \$650.00*  |
| <input type="checkbox"/> Participant  | After 3/1/24                              | \$700.00*  |
| <input type="checkbox"/> Auditing-Horse Speak Friday  |   | \$100.00*  |
| <input type="checkbox"/> Auditing Per Day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday   |   | \$ 75.00*  |
| <input type="checkbox"/> Monday AM Sessions with Heidi ( <i>Any topic</i> ) <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private                                  |   | \$100/\$85 |
| <input type="checkbox"/> Stabling per Day <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday         |   | \$ 35.00   |
| <b>Bring: Hay, Feed, Buckets &amp; Clean own stall</b>  |   |            |
| <input type="checkbox"/> Clinic Lease Horse- <i>Contact Farm for Availability</i> <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday |   | \$ 35.00   |

### Covid Protocol

- New York State Covid Protocols will be followed
- May be asked to bring and wear masks
- Proof of vaccinations if applicable appreciated

**Mail Registration, Liability Waiver, Payment, Negative Coggins/Vaccination Record (payable to "Price Training Services, LLC.) to: Colleen Price 330 West Dryden Rd Freeville, NY13068**

**Questions to Colleen Price: [info@pricetrainingservices.com](mailto:info@pricetrainingservices.com) 607-423-4253**

Total cost of Participation	\$ _____
Total cost of Auditing	\$ _____
Total cost of Stabling	\$ _____
Total cost of Horse Leasing	\$ _____
Less 50% Non-Refundable Deposit	\$ _____
Balance Due	\$ _____

### Cancellation Policy:

*All fees are non-refundable but fully transferable to another individual of your choosing.*

## Liability Waiver/Information Form Release & Hold Harmless Agreement

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, physical harm, or death to horse, rider, and spectator.

In consideration, therefore, for the privilege of riding and/or working around horses at New England Center for Horsemanship, located at 761 Weatherhead Hollow Rd Guilford, Vermont, or any other location that Heidi Potter may be instructing, the Undersigned does hereby agree to hold harmless and indemnify Heidi Potter, her clinic/workshop hosts and further release them, their family, heirs, employees, and/or associates from any liability or responsibility for accident, damage, injury, illness, or death to the Undersigned or to any horse owned or ridden by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I understand that use of an ASTM/SEI certified helmet and proper footwear are required at New England Center for Horsemanship and strongly encouraged for all horse related activities elsewhere, and personally accept all consequences for my decision to wear or not wear them.

**Do you have any physical, mental or emotional issues that would prohibit or inhibit your abilities to safely participate in any part of this event? No Yes If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**Are you on any medications that would prohibit or inhibit your ability to safely participate in any part of this event? No Yes If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**Name/Contact Info for nearest relative** \_\_\_\_\_

**What are your personal goals?**

\_\_\_\_\_

**How did you hear about us?** Website Word of Mouth Facebook Flyer Newsletter Event  
What Source? \_\_\_\_\_

**May we share event photos that you may be in on our website or for advertising without your name?** Yes No

Join our Mailing List Yes No E-Mail: \_\_\_\_\_

Please print CLEARLY)

Date: \_\_\_\_\_ Participants Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: Home \_\_\_\_\_ Cell \_\_\_\_\_ Age if a minor: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18yrs): \_\_\_\_\_