Tune In, Connect Mindfully, & Support Your Horse Clinic
New England Center for Horsemanship-Guilford, Vermont
June 8, 2025 9:30-4:30 Clinician: Nicole Birkholzer

Name:_____Telephone:_____
Address:_____
E-mail: _____ Join our mailing lists? Y N Already On

☐ Clinic Participant Fee Early Bird Rate (Reg & 50% deposit by 5/1/25)	$225.00
☐ Clinic Participant Fee Post 5/1/25	$275.00
☐ Auditing Fee	$ 50.00

Bring: Refillable Water Bottle, Snacks, Lunch, Sunhat and Sunscreen. (*Lunch can also be purchased locally at Guilford Country Store)*

Mail completed forms and payment (Payable to Heidi Potter) to:

New England Center for Horsemanship
761 Weatherhead Hollow Rd Guilford, Vermont 05301
802-380-3268 heidi@heidipotter.com

Total cost of Participation	$_____
Total cost of Auditing	$_____
Total Deposit Paid (50%)	$_____
Balance Due	$_____

Cancellation Policy

Fees are non-refundable but fully transferable to an individual of your choosing

Complete Liability Form below*

Liability Waiver/Information Form

Release & Hold Harmless Agreement

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. § 1039.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 New England Center for Horsemanship, Heidi Potter, Robert Potter, their 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 in regards to working with or riding horses?
_____
_____

How did you hear about us? Website~ Newsletter~Webinar~ Word of Mouth~Flyer~Facebook~Other
What Source? _____

May we share event photos of you on our websites, educational/promotional materials and social media? Yes No **Is it okay to use your first name?** Yes No

Date:_____ Participants Printed Name:_____

Address:_____

Phone#: Home _____ Cell _____Age if a minor: ____

E-Mail (Please print clearly)_____

Signature:_____