2026 Women's Retreat with Horses Registration Form
New England Center for Horsemanship-Guilford, Vermont
October 2-4, 2026

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

Clinic Days/Times: Friday 9:30 AM - Sunday 3:30 PM

☐ Participant Fee-Early Bird Rate (50 % Deposit prior to 7-1-26) $ 825.00

☐ Participant Fee-Post 7-1-26 $ 925.00

Retreat fee includes daily snacks & drinks

Bring: Refillable Water Bottle, Sunhat, Sunscreen, Bug Spray & Layers of Clothing

Mail completed forms and payment (Checks Payable to Heidi Potter/Venmo to @heidi-potter-21)

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

Total cost of Participation $_____
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 the use of an ASTM/SEI certified helmet and proper footwear is required at New England Center for Horsemanship and strongly encouraged for all horse-related activities, and I 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 ability 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_____

Why are you interested in this retreat, and what are you hoping to get out of the experience?

_____

_____

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:_____