

2021 Creating Connection Clinic Registration Form
Anderson Equine-Stow, Mass
Clinician: Heidi Potter

Name: _____ Telephone: _____

Address: _____

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

Dates:
Saturday, April 24 & 25, 2021 9-5:00

- | | |
|---|---|
| <input type="checkbox"/> Participant Fee | \$350.00 Early Bird Rate (50% dep & reg by 4-10-21) |
| <input type="checkbox"/> Participant Fee | \$400.00 Post 4-10-21 |
| <input type="checkbox"/> Clinic Lease Horse Fee | \$ 75.00 |

Mail completed forms and payment (Payable to Anderson Equine) to:

Contact host for more info: Kristin Anderson
385 Central Street Boylston, Ma. 01505
802-380-1122/kristin@andersonequinellc.com

Facility Physical Address: Boston Hunt & Pace 2 Taylor Road Stow, MA 01775

~~Please bring your own lunch and drinks~~

Total cost of Participation	\$ _____
Total cost of Horse Lease	\$ _____
Deposit Received	\$ _____
Total 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, Kristin Anderson, Anderson Equine and River Front Farm, 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~Word of Mouth~Flyer~Facebook~Magazine Ad
What Source? _____

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

Date: _____ Participants Printed Name: _____

Address: _____

Phone#: Home _____ Cell _____ Age if a minor: _____

E-Mail (Please print clearly) _____

Signature: _____

Parent/Guardian Signature (if under 18yrs): _____