



Payment and Negative
Coggins Must Accompany
Each Entry or Entry will not
be processed

Michael Page Clinic Registration

Saturday, April 6th & Sunday, April 7th, 2019 Closing Date: Thursday April 4th

Rider: _____
First Name Last Name

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____
First Last Phone w/area code

Horse's Name _____ Horse's Height: _____ Barn/Trainer _____

Level of Rider and Horse: _____

Saturday Session: *Flatwork and Gymnastics*

Sunday Session: *Gymnastics and Course Work*

Level: Please Circle 2'- 2'6" 2'6"- 3' 3' – 3'6" Audit Only

Cost: \$295 For both Days including Lecture and Audit Fee

Auditors: \$45 Per Day/ \$80 Both Days Audit Fee

Total Amount Enclosed*:-\$ _____

Mail completed form & check to:

The Cutter Farm

710 Mammoth Rd

Dracut, MA 01826

No Refunds Unless Space In Filled

RELEASE I understand that horseback riding is a high risk sport and I am participating at my own risk. I assume this risk and further do hereby release and hold harmless and indemnify the organizer, organizing committee, sponsors, judges, and officials, their officers, agents, employees, and volunteers, the host, and their agents of this clinic, and the owner of the property where the event is to be held, from all liability and/or negligence resulting in accidents, damage, injury or illness to myself and/or agents, and to my property, including the horse or horses at this clinic.

WARNING—Under Massachusetts Law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities, resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

SIGNATURE _____

(Parent or Guardian must sign if participant is under 18 years of age)