



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

## Michael Page Clinic Registration

Saturday, April 8<sup>th</sup> & Sunday, April 9<sup>th</sup>, 2017 Closing Date: April 6<sup>th</sup>

Rider: \_\_\_\_\_  
*First Name Last Name*

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*First Last Phone w/area code*

Horse's Name: \_\_\_\_\_ Barn/Trainer \_\_\_\_\_

Breed: \_\_\_\_\_ Horse's Height \_\_\_\_\_

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 **\*\*Up to 7 Riders in each Session**

Cost: \$290 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)