Negative Coggins Must Accompany Each Entry.

The Cutter Farm ♦ 710 Mammoth Road ♦ Dracut, MA 01826 ♦ 978-957-4161

Paul Valliere Clinic Registration

Saturday, August 7th, 2010

Closing Date: Thursday, August 5th

Rider: _____
First Name *Last Name*

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____
First *Last* *Phone w/area code*

Horse's Name: _____

Sessions are 2 hours; 3 – 5 riders at the same level.

Level: 2'6" 3' 3'6" Audit Only
please circle one

Clinic Cost: $150 per session

Auditors Welcome $ 25 Cutter Farm members
$ 30 non-members

Total Amount Enclosed*: $_____

Mail completed form & check to:
The Cutter Farm
710 Mammoth Road
Dracut, MA 01826

**Non-refundable unless space is 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