



The Cutter Farm

710 Mammoth Road, Dracut MA 01826 978-957-4161

Negative Coggins and
Payment must be
included for entry to
be processed

Ride Review Ride with Rachel Markels Webber

Phone: Marina 978-697-7858 Kristin (Secretary) 603-440-3564 kristinwesson@gmail.com

Web: www.cutterfarm.com E-mail: info@cutterfarm.com

☐ 4/5

Close Date: Thursday Prior to clinic at 12:00 PM Sharp

Rider: _____ ☐ Junior (< 18) ☐ Senior

First

Last

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

To receive dressage/stadium ride times-write legibly

Emergency Contact for Day of event: _____

First

Last

Phone w/area code

Horse's Name: _____ (one entry form per horse/rider combination)

Owner: _____ Barn/Trainer: _____

Breed: _____ Sex: _____ Age: _____ Height: _____ Color: _____

Dressage Test '19 tests unless Eventing test is requested, then test will be '18 tests

- ☐ Intro Test A (Walk/Trot) ☐ Intro Test B (Walk/Trot) ☐ Intro Test C (Walk/Trot/Canter)
☐ Training Test 1 ☐ Training Test 2 ☐ Training Test 3
☐ Test of Choice: _____

Western Dressage '17 Tests - Revised 19" version

- ☐ Intro Test 1 (W/T) ☐ Intro Test 2 (W/T) ☐ Intro Test 3 (W/T) ☐ Intro Test 4 (W/T)
☐ Basic Test 1 (W/T/C) ☐ Basic Test 2 (W/T/C) ☐ Basic Test 3 (W/T/C) ☐ Basic Test 4 (W/T/C)
☐ Test of Choice _____

Ride Review Ride : \$85 per horse /rider combo

Total:\$ _____

Mail entries to: The Cutter Farm

710 Mammoth Rd.

Dracut, MA 01826

Refunds/Changes: Refunds and/or changes subject to \$25 office
fee. No refunds after closing date.

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 competition, and the owners 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 my agents, and to my property, including the horse or horses at this event.

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 COMPETITOR IS UNDER 18 YEARS OF AGE)