

Centered Riding© Clinic Registration Form

Heidi Potter, CR Clinician

Name: _____ Telephone # _____

Address: _____ E-Mail _____

Bringing own horse? Yes or No UTD on required shots? Yes or No

Do you need overnight stabling? Y or N Please circle: Friday Saturday Sunday

Do you need to lease a clinic horse if available? Y or N

What level rider are you? W T C (Comfortable @ Walk/Trot/Canter)

What discipline do you ride? _____ Join Heidi's mailing list? Yes or No

RELEASE AND HOLD HARMLESS AGREEMENT

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 _____ (Host Site), located at _____, (Host address) the Undersigned does hereby agree to hold harmless and indemnify _____ (Host), Heidi Potter, 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 strongly encouraged for this clinic and personally accept all consequences for my decision to wear or not wear them.

Date: _____ Signature: _____

Fees

Clinic cost:		\$ _____
Stabling cost	\$ _____ (per night) X _____ nights	\$ _____
Clinic Horse Rental	\$ _____ (per day) X _____ days	\$ _____
Auditing Fee	\$ _____ (per day) X _____ days	\$ _____
Less Deposit		\$ _____
Total Due		\$ _____