



Registration form for Clinics and Camps 2009

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Please describe your level of riding and your horse's level of training. _____

Lesson Preference (if applicable).
(Circle one)

Private

Semi-Private

Cancellation Policy: If cancellation is necessary, the rider is still responsible to pay for their lesson. If the lesson can be filled, a refund will be issued.

I hereby attend this competition/clinic at my own risk, subject to the rules of Charles River Dressage Association, Apple Knoll Farm, Letter Perfect Farm, Tower Hill Farm and Cutler Farm. I hereby agree to be responsible for any injury or damages that may occur to, or be caused by any animals, vehicles, or trappings, or the loss of any animal, vehicle, or trappings belonging to or exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless the said clinic, camp, managers, volunteers, and Apple Knoll Farm, Letter Perfect Farm, Tower Hill Farm and Cutler Farm from any damage, expense and/or liability arising out of or resulting from any act or omission of the exhibitor, Charles River Dressage Association, Apple Knoll Farm, Letter Perfect Farm, Tower Hill Farm and Cutler Farm, their agents, servants or employees. I certify that all my horse(s) are free from contagious disease. Warning: Under Massachusetts Law, and Equine professional is not liable for any injuries to, or death of, a participant in equine activities, pursuant to chapter 128, section 2D of the general laws.

Signature (Parent or guardian if under 18)

Please copy form and send with check made payable to CRDA and Coggins to appropriate contact person for each clinic/camp.