



Negative Coggins  
Must Accompany  
Each Entry.

# Michael Page Clinic Registration

Saturday, April 10 & Sunday, April 11, 2010

Closing Date: April 7<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: \_\_\_\_\_

Saturday Session: *Flatwork and Gymnastics*

Sunday Session: *Gymnastics and Course Work*

Level: 2'- 2'6" 2'6"- 3' 3' - 3'6" Audit Only

*please circle*

Cost: \$260 for The Cutter Farm Equestrian Center members  
\$285 for non-members

Auditors Welcome \$40 members per day  
\$45 non-members per day

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)