



# Dressage Clinic

with **Ruth Poulsen**  
at *The Cutter Farm*

**Notice:**  
Negative Coggins must accompany each registration, or it will not be processed.

710 Mammoth Road, Dracut, MA 01826  
 Phone: 978-957-4161 Fax: 978-405-5002  
 Email: [info@cutterfarm.com](mailto:info@cutterfarm.com) Web: [www.cutterfarm.com](http://www.cutterfarm.com)

**Clinic Date:** Sunday, May 16, 2010

**Closing Date:** May 12, 2010

## Registration Form

<b>Rider</b>	First Name:	Last Name:	<b>Age: Under 18?</b>		
<b>Address</b>			<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>			<b>E-Mail</b>		
<b>Horse's Name</b>			<input type="checkbox"/> Gelding	<input type="checkbox"/> Mare	<input type="checkbox"/> Stallion
<b>Age</b>		<b>Height</b>		<b>Color</b>	
<b>Emergency Contact</b>			<b>Phone w/area code</b>		

- ♦ Ride times will be emailed Friday before the clinic.
- ♦ Grooms may audit for free if you are riding 2 or more horses in the clinic. Otherwise, an audit fee will be charged.
- ♦ Parents or trainers trailering minor riders may audit for free.

- ♦ ATSM helmets required at all time when mounted.
- ♦ Limited stabling is available. For more information, please call Marina at 978-697-7858
- ♦ Please, no dogs on the property.

**Level:**  Training  First  Second  Third  Other: \_\_\_\_\_

Briefly describe your goals for this clinic: \_\_\_\_\_

Audit Only

**Clinic Fee \***

Semi-Private	\$125.00	\$	
Private	\$185.00	\$	
Audit	\$ 25.00	\$	
<b>10% discount before April 1<sup>st</sup></b>		\$	<b>- 10%</b>
<b>Total Amount Enclosed</b>		\$	

**Mail form, Coggins & check to:**  
 The Cutter Farm, Inc.  
 710 Mammoth Road  
 Dracut, MA 01826

\* Non-refundable prior to close date unless space is filled. \$25 administration fee applies to all cancellations. No refunds after close 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 clinic, 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 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 COMPETITOR IS UNDER 18 YEARS OF AGE)