



# Centered Riding Clinic *with* Lucille Bump

710 Mammoth Road, Dracut, MA 01826  
Phone: 978-957-4161 Email: info@cutterfarm.com

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

**Open Date Members:** April 10, 2008

**Open Date Non-Members:** April 16, 2008

Entries post marked prior to the appropriate opening date will be returned.

**Clinic Date:** Saturday, May 10, 2008

**Closing Date:** May 6, 2008

## Registration Form

<b>Rider</b>	<i>First Name:</i>		<i>Last Name:</i>				<b>Age</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>				

- ♦ **Clinic Starts at 9:00am** with unmounted theory and exercises. **Bring a chair** for this session. Mounted training will be in groups of 4 after the AM session, and will continue into the afternoon. Participants are required to attend the unmounted session in the AM if they are riding later in the day.
- ♦ **ATSM helmets required** at all time when mounted.
- ♦ Sorry, **stabling is not available** at this time.

- ♦ **Please, no dogs** on the property. If you bring your dog(s), they will have to stay in your car, which we do not recommend.
- ♦ **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.**

Briefly describe your level/experience with this horse: \_\_\_\_\_

Unmounted Session or Audit Only

### Clinic Fee \*

*Member prices reflect 20% discount.*

Members	\$120.00	\$	
Non-Members	\$150.00	\$	
Audit (Members)	\$36.00	\$	
Audit (Non-Members)	\$45.00	\$	

**Total Amount Enclosed**      \$ \_\_\_\_\_

\* *Non-refundable prior to close date unless space is filled. \$25 administration fee applies to all cancellations. No refunds after close date.*

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

### 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)