



# The Cutter Farm

710 Mammoth Road, Dracut MA 01826 978-957-4161

## Susanne Winslade BioKinetics Clinic Registration

Circle One: 12/6 1/31 2/7 3/7

Payment and Negative  
Coggins Must Accompany  
Each Entry or Entry will not  
be processed

Rider: \_\_\_\_\_  
*First Name Last Name*

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*First Last Phone w/area code*

Horse's Name \_\_\_\_\_ Horse's Height: \_\_\_\_\_ Barn/Trainer \_\_\_\_\_

Level of Rider and Horse: \_\_\_\_\_



**Mail completed form & check to:**  
The Cutter Farm  
  
710 Mammoth Rd  
  
Dracut, MA 01826  
  
**No Refunds Unless Space In Filled**

**Cost:** \$130 Per Horse/Rider Combination ( includes truck in fee)  
**Semi Private:** \$100.00 per rider ( includes truck in fee)  
**Cutter Farm Members:** \$115.00  
**Auditors:** \$35

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

*\*Non-refundable unless space is filled.  
\* Must be mounted 15 minutes prior to ride time.*

**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)