

From the Judge's Perspective Clinic with Katie Schaaf

Monday, February 17, 2020

Hosted by Four Winds Farm, 31 Ennis Road, North Oxford, MA

Clinic Manager: Pam Duggan ngf.pam@gmail.com 508-259-0901

Mail all forms to: 542 Sugar Road, Bolton, MA 01740 or email to the above

Deadline: February 14

PARTICIPANT: Last First Age Height Weight

Years in IEA Years Riding Current IEA Division Current IEA Team & Coach

PAYMENT

Payment must accompany registration. Personal, Business Checks or Cash are accepted.

Checks should be made out to North Gate Farm.

Clinic Fee: _____ **\$120 per rider** _____ **\$60 per auditor.**

To complete the application, this form must be signed by parents or guardians. By signing below, I attest to having the legal authority over the minor child to give permission for the minor's participation in such an activity. I hereby give the above participant permission to engage in the aforementioned activity. As the undersigned, I/we recognize that all equestrian related activities are extremely dangerous, that accidents involving horses and/or equipment are frequent, that horses are unpredictable by nature, that the condition of the land is often hazardous, and that ring footing and other riding terrain is rarely perfect. In light of this knowledge, I/we undertake full responsibility for all harm that comes to me/us and all of my/our associates including any loss of consortium. With full knowledge, I/we release the hereinabove named Katie Schaaf, Pam Duggan, North Gate Farm, Inc., Jamie Blash, Four Winds Farm, any and all horse providers, its landlord and Trustees, its Directors, any agents, employees and affiliated persons from any and all responsibility for accidents, loss, personal injury, death and/or injuries which may occur.

This is NOT an IEA sanctioned or otherwise supported event.

Under Massachusetts General Law, an equine professional is not liable for an 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 Law.

Signature of Legal Parent or Guardian _____

Printed Name: _____ Date _____

Address City State Zip

Parent Email Address

Coach's Email Address