



## DRESSAGE CLINIC ENTRY FORM

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Judy Westlake Clinic Date: July 13, 2008

**Fees and proof of current negative coggins test must accompany form. Test date must be within one year for the State of NH and within six months for out of state.** Make checks payable to Boulder Brook Stables and mail to 596 Calef Highway, Route 125, Lee, NH 03861. Riders will be notified by phone or e-mail about their ride times.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Horse's Name \_\_\_\_\_ Gender \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Level Currently Training \_\_\_\_\_

Level/Movements you want to focus on in the Clinic \_\_\_\_\_

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Stabling Needs: Please call for availability.

Total Amount Enclosed \_\_\_\_\_ (See flyer for fees)

### **ALL PARTICIPANTS MUST SIGN THE FOLLOWING RELEASE & AGREEMENT**

Under New Hampshire law, an equine professional, or any other person engaged in equine activity, shall not be liable for an injury or the death of a participant resulting from the inherent risks of equine activities pursuant to New Hampshire Revised Statutes § 508:19 (2001). I understand that this is a high-risk sport and I am participating at my own risk. I hereby release and hold harmless Cornerstone Farm, Boulder Brook Stables the hosting farm, the owners and employees, attendants, spectators, the clinician and all others involved from all liability for accidents, damage, injury, or illness sustained or caused as a result of my participation in this clinic. It is agreed by all youth and 4H members must wear ASTM approved protective head gear.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

(Parent/Guardian if under 18)