

**2019 Horse Speak Clinic
Hosted by: Ann Ferris
11 Main Street Hollis, NH
Clinician: Sharon Wilsie
Sunday August 4, 2019**

Name: _____ Telephone: _____

Address: _____

E-mail: _____ Join our mailing list? Y N Already On

___ Auditor fee	\$ 25.00
___ Private w/ your horse \$125 total - Balance due by July 1, 2019	\$ 75.00
___ Less Deposit to hold your spot - Due by May 25 th	\$ 50.00
Balance Due	\$ _____

Complete Registration & Liability/Info forms and mail w/payment to:

HAE (Hollis Area Equestrians) PO Box 1252 Hollis, NH 03049

Please include a copy of a current Coggins test and copy of Vaccines

DEADLINE to register: July 1, 2019

Cancellation Policy:

All fees are non-refundable but fully transferable to another individual of your choosing.

NO DOGS PLEASE!!!!

Liability Waiver/Information Form

Release & Hold Harmless Agreement

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, physical harm, or death to horse, rider, and spectator.

In consideration, of riding and/or working around horses at Wilsie Way Farm, located at 176 Hartley Hill Road South, Westminster, Vermont or any other location that Sharon Wilsie may be instructing, the Undersigned does hereby agree to hold harmless and indemnify Wilsie Way Horsemanship, Sharon Wilsie, Laura Wilsie, their clinic/workshop hosts and further release them, their family, heirs, employees, and/or associates from any liability or responsibility for accident, damage, injury, illness, or death to the Undersigned or to any horse owned or ridden by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I understand that use of an ASTM/SEI certified helmet and proper footwear are required at Wilsie Way Horsemanship and strongly encouraged for all horse related activities elsewhere, and personally accept all consequences for my decision to wear or not wear them.

Do you have any physical, mental or emotional issues that would prohibit or inhibit your abilities to safely participate in any part of this event? No Yes If yes, please explain: _____

Are you on any medications that would prohibit or inhibit your ability to safely participate in any part of this event? No Yes If yes, please explain: _____

Name/Contact Info for nearest relative _____

What are your personal goals in regards to working with or riding horses?

How did you hear about us? Website Word of Mouth E-Mail Flyer Advertisement
What Source? _____

May we share event photos that you may be in on our website or for advertising without your name? Yes No

Date: _____ Participants Printed Name: _____

Address: _____

Phone#: Home _____ Cell _____ Age if a minor: _____

E-Mail (Please print clearly) _____

Signature: _____

Parent/Guardian Signature (if under 18yrs): _____