

Registration form

**Bill Richey
Director of National Mounted Police Services, Inc.
De-Spooking Clinic
June 4th & 5th 2016**

**Free Spirit Farm
187 Siloam Road
Freehold, N.J. 07728
(917) 922-7196
FreeSpiritFarmNJ@gmail.com**

Name: _____ **Horse's Name** _____

Address: _____ **City, State, Zip:** _____

Telephone # _____ **E-mail address:** _____

Emergency Contact: _____
Name _____ **Telephone #** _____

Lunch is included please list any dietary restrictions? _____

Will you require stabling for your horse? _____ **How many nights** _____

2-day clinic: \$275.00

Deposit Required: \$100.00

Balance due 1st day of clinic: \$175.00

Stabling/paddock fee: \$25/night

Cash or checks are accepted. Make check payable to Free Spirit Nation. Mail deposit with registration form and riding waiver form to:

Lisa Vaccaro, 187 Siloam Road, Freehold, N.J. 07728

Participants should come ready to ride. Proper shoe or boot with a heel, long pants (no shorts) and an approved riding helmet. If horses are stabled owner is responsible for feed, feeding, hay and cleaning

Balance due must be paid prior to - or - on the first day of the clinic. Deposit is refundable should the clinic be cancelled by Bill Richey or Free Spirit Farm

AUDITOR Registration form

**Bill Richey
Director of National Mounted Police Services, Inc.
De-Spooking Clinic
June 4th & 5th 2016**

**Free Spirit Farm
187 Siloam Road
Freehold, N.J. 07728
(917) 922-7196
FreeSpiritFarmNJ@gmail.com**

Name: _____

Address: _____

City, State, Zip: _____

Telephone # _____

Emergency Contact: _____
Name **Telephone #**

E-mail address: _____

Lunch is included please list any dietary restrictions? _____

Auditor Fee: \$25 per day.

How many days will you be attending? _____ **x \$25.00 =** _____

**Cash or checks are accepted. Make check payable to Free Spirit Nation,
Lisa Vaccaro, 187 Siloam Road, Freehold, N.J. 07728**

Balance due must be paid prior to - or - on the first day of the clinic. All monies are refundable should the clinic be cancelled by Bill Richey or Free Spirit Farm.

FREE SPIRIT FARM WAIVER OF LIABILITY AGREEMENT
(Must be completed by each rider or event participant)

I, _____ (name) understand and acknowledge with this waiver, release, and hold harmless agreement (“Agreement”) that there are inherent risks, dangers, and/or conditions associated with horse related activities. I assume full responsibility for my own safety and agree to indemnify, protect, save and hold harmless the instructors, assistants, judges, sponsors, agents, horse owners, or host from any liability, action or claim for any accident, damage, loss of property, injury, illness or death to the undersigned or any horses owned or under my custody care, or to any family member, spectator, or guest while visiting Free Spirit Farm.

I understand the inherent risk and dangers involved in equine activity include but are not limited to the following conditions:

The horse’s propensity to behave in ways that may result in injury, harm or death to persons on or around the horses. **Initials** _____

The unpredictability of a horse’s reaction to hazards such as sudden movement on the ground or from the rider, sounds, surface and subsurface conditions, colliding with another animal(s), horses, people and other familiar or unfamiliar objects.

I understand and acknowledge that Free Spirit Farm and its representatives recommend participants, visitors, and ground assistants wear safety approved helmets, gloves, and riding boots while attending or participating in horse related activities.

I understand that in consideration for receiving equine training/instruction from Free Spirit Farm, Lisa Vaccaro, Ken Vaccaro and/or any persons involved in sponsoring, judging, teaching, or hosting any activity or event at Free Spirit Farm will not be liable for any accident, loss, damage, or injury that may occur to any competitor, participant, student, horse, groom, visitor, spectator, or auditor sustained while at any Free Spirit Farm, Lisa Vaccaro or Ken Vaccaro sponsored, sanctioned, or hosted event, activity, and/or seminar.

Helmet/Protective Equipment Waiver (Optional)

By initialing this condition, I understand and acknowledge the risks associated with equine activities, including but not limited to riding, and that although it is recommended by Free Spirit Farm to wear protective head equipment, that I shall be responsible for any injuries occurring that may be preventable with the use of a helmet or other recommended protective head equipment.

I have read the above statement and assume full responsibility. **Initials** _____

I have read and understand all the provisions of this Agreement. This Agreement will be incorporated as a condition of admittance, entry, or participation to any event, training, competition, seminar, or lesson, or activity. Free Spirit Farm, Lisa Vaccaro, or Ken Vaccaro, instructors, assistants, judges, sponsors, agents and hosts are released from all liability from any and all injuries that may occur at any event or activity sponsored by or taking place at Free Spirit Farm.

This Agreement constitutes a waiver of liability above and beyond provisions of the Equine Activity Liability Act of New Jersey which states that an equine professional is not liable of an injury or death of a participant involved in an equine activity resulting from the inherent risk of the equine activity:

Warning under New Jersey Law an Equestrian Area Operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine activities pursuant to P.L. 1997 C.287(C5:15-1 5:15-12)

I have read his Agreement in its entirety. I understand I am participating in activities involving and relating to horses at my own risk and therefore agree to hold harmless and release from all liability, any trainer, assistant, associate, or owner of any horse, present on or associated with Free Spirit Farm.

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone # _____

Signature of Rider: _____
(if under age 18, requires Legal Guardians signature)

Legal Guardian:

By signing below I am binding all familial relations and persons with legal guardianship over the above referenced minor, and am consequently affirming that I have the authority to do so.

Signature of Legal Guardian(s): _____ Date _____



National Mounted Police Services, Inc. and Bill J. Richey Release and Hold Harmless

I UNDERSTAND AND ACKNOWLEDGE THAT NATIONAL MOUNTED POLICE SERVICES, INC, BILL J. RICHEY AND ITS REPRESENTATIVES RECOMMEND: PARTICIPANTS, VISITORS, AND GROUND ASSISTANTS WEAR SAFETY APPROVED HELMETS', GLOVES AND RIDING BOOTS WHILE ATTENDING HORSE RELATED ACTIVITIES.

I FURTHER UNDERSTAND IN CONSIDERATION FOR RECEIVING EQUINE TRAINING FROM NATIONAL MOUNTED POLICE SERVICES, INC. AND BILL J. RICHEY ANY PERSONS INVOLVED IN SPONSORING, JUDGING, TEACHING OR HOSTING THIS EVENT WILL NOT BE LIABLE FOR ANY ACCIDENT, LOSS, DAMAGE, OR INJURY THAT MAY OCCUR TO ANY COMPETITOR, PARTICIPANT, STUDENT, HORSE, GROOM, VISITOR, AUDITOR, OR SPECTATOR SUSTAINED WHILE AT ANY NATIONAL MOUNTED POLICE SERVICES, INC. SPONSORED, SANCTIONED OR HOSTED, EVENT AND / OR SEMINAR.

I ALSO ACKNOWLEDGE AND UNDERSTAND THAT THERE ARE INHERENT RISKS, DANGERS AND OR CONDITIONS ASSOCIATED WITH HORSE RELATED ACTIVITIES AND I ASSUME RESPONSIBILITY FOR MY OWN SAFETY, AND AGREE TO INDEMNIFY, PROTECT, SAVE AND HOLD HARMLESS THE INSTRUCTORS, ASSISTANTS, JUDGES, SPONSORS, AGENTS OR HOST FROM ANY LIABILITY, ACTION OR CLAIM FOR ANY ACCIDENT, DAMAGE, LOSS OF PROPERTY, INJURY, ILLNESS OR DEATH TO THE UNDERSIGNED, OR ANY HORSES OWNED OR UNDER MY CUSTODY CARE, OR TO ANY FAMILY MEMBER, SPECTATOR OR OTHER PERSON ACCOMPANYING THEM ONTO THESE PREMISES. I

I UNDERSTAND THE INHERENT RISK AND DANGERS INVOLVED IN EQUINE ACTIVITY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING CONDITIONS:

THE HORSE'S PROPENSITY TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY, HARM OR DEATH TO PERSONS ON OR AROUND HORSES.

THE UNPREDICTABILITY OF A HORSE'S REACTION TO HAZARDS SUCH AS SUDDEN MOVEMENT, SOUNDS, SURFACE AND SUBSURFACE CONDITIONS, COLLIDING WITH ANOTHER ANIMAL(S), HORSES, PEOPLE AND OTHER FAMILIAR OR UNFAMILIAR OBJECTS.

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT THE HORSE AND RIDER WILL BE PLACED UNDER STRESSFUL CONDITIONS THAT MAY INCLUDE, BUT NOT LIMITED TO THE FOLLOWING: UNEXPECTED LOUD SOUNDS: SIRENS, GUNFIRE, FIREWORKS AND OTHER LOUD NOISES, OR INCENDIARY DEVICES SUCH AS SMOKE, FLAMES, FLARES, ETC EXPOSURE TO CROWDS, DEMONSTRATORS WITH PICKET SIGNS AND OTHER HAND CARRIED DEVICES, TRAVERSING UNUSUAL SURFACES INCLUDING BUT NOT LIMITED TO WALKING ON BLANKETS, WOODEN SURFACES, NEWSPAPERS AND PLASTIC.

I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THIS RELEASE. THIS WILL BE INCORPORATED AS A CONDITION OF ADMITTANCE OR ENTRY TO THIS TRAINING, COMPETITION, OR SEMINAR. NATIONAL MOUNTED POLICE SERVICES, INC. POLICE TRAINING COMPETITION INSTRUCTORS, ASSISTANTS, JUDGES, SPONSORS, AGENTS AND HOSTS ARE RELEASED FROM ALL LIABILITY.

THIS RELEASE OF LIABILITY CONSTITUTES A WAIVER OF LIABILITY ABOVE AND BEYOND PROVISIONS OF THE EQUINE ACTIVITY LIABILITY ACTS OF: FLORIDA, GEORGIA, ALABAMA, MICHIGAN AND MISSISSIPPI. WHICH STATE AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT INVOLVED IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF THE EQUINE ACTIVITY.

PRINT FULL NAME ABOVE

EMAIL ADDRESS

PHONE NUMBER

ADDRESS CITY STATE, ZIP

SIGNATURE DATE

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Director of National Mounted Police Services, Inc.
De-Spooking Clinic**

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Additional Requirements and Information.

The clinic starts promptly at 9 am. We ask those trailering in to arrive between 8 and 8:45 so we can get the trailers situated.

All horses must have current Coggins and be up to date on vaccinations.

If your horse is spending the night please bring his/her hay and grain. If you pre package your grain in Ziploc bags with your horses name we will be happy to feed him/her the mornings prior to the clinic when we feed our own horses.

You will be responsible for bringing your horse's feed bucket and for mucking your horse's paddock. We have rakes and wheelbarrows on site for your convenience.

Please feel free to call with any future questions.

There are a few local hotels that our out of town participants usually stay in, they are as follows:

The Radisson Hotel Freehold

Address: 50 Gibson Pl, Freehold Township, NJ 07728

Phone:(732) 780-3400

Hotel class: 3 stars

Days Inn

Address: 4089 U.S. 9, Freehold, NJ 07728

Phone:(732) 462-3450

Hotel class: 2 stars

The American Hotel

Address: 18 E Main St #20, Freehold, NJ 07728

Phone:(732) 431-3220

Hotel class: 3 stars