De-spooking Clinic at Free Spirit Farm Registration form 187 Siloam Road Freehold, N.J. 07728 --(917) 922-7196

FreeSpiritFarmNJ@gmail.com

| Dates of clinic you are | registering for: |
|--|--|
| Name: | Horse's Name |
| Address: | City, State, Zip: |
| Telephone # | E-mail address: |
| Emergency Contact: _ | |
| Name | Telephone # |
| Lunch is included plea | se list any dietary restrictions? |
| | your own risk. Does not apply to auditors. ng for your horse? How many nights |
| • | posit of \$150 required with registration ight \$25 for each additional night |
| injury to or the | New Jersey Law an Equestrian Area Operator is not liable for an death of a participant in equine animal activities resulting from the f equine activities pursuant to P.L. 1997 C.287(C5:15-1 5:15-12) |
| | equine event I understand and assume all inherent risks to human and ting with, riding and stabling a horse for this event. |
| Signature of Participar | t or Legal Guardian |
| Make checks payable t Mail deposit with regis Freehold, N.J. 07728 | o Free Spirit Nation. stration form and riding waiver form to: Lisa Vaccaro, 187 Siloam Road, |

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 Clinician or Free Spirit Farm