



Sinead Halpin Eventing Clinic

Valentine's Day

February 14, 2012

Name of Participant: _____

Address: _____

email address: _____

Home Phone: _____ Cell: _____

We will be offering four sessions with a maximum of six riders in each session. Please choose which session you would like to participate in. Depending on registration sections may be combined. Cost of the clinic is \$150.00 for a participant with horse (includes one auditor) and \$20 for auditors. Lunch will be provided as well as coffee and morning snack. Please indicate your selections:

Beginner Novice

Novice

Training

Preliminary and above

1 Day auditor \$20

1 Night Stabling \$50, includes bedding and hay no feed.

Please make checks payable to: Bow Brickhill Stables and return no later than February 7, 2012. Any questions please call John Alexis at 732-616-1856. Please mail payments to:

Bow Brickhill Stables
476 Milford Mt Pleasant Road
Milford, NJ 08848

Release Form: I understand that this is a high risk sport and I am participating at my own risk. I hereby assume this risk, and further do hereby release and hold harmless the Organizer, Organizing Committee, judge and officials, Bow Brickhill Stables Corporation, their employees and volunteers, from all liability for negligence resulting in accidents, damage, injury, or illness to myself and my property, including the horse or horses which I will compete at this event.

The Undersigned acknowledges that they have read and understand the following warning:

"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 ANIMAL ACTIVITIES, PURSUANT TO P.L., CHAPTER 287"

X _____ Participant or legal guardian date _____