

**Valinor Farm - Clinic Entry Form**  
**Eric Horgan**  
**Wednesday November 3, 2010**

This is a 1 day clinic. Dressage and Show Jumping. clinic rates:  
Private 45 minutes \$125; Semi Private 1 hour \$90  
Groups of 3 or 4 riders 90 minutes \$125

Stalls are available for an additional fee of \$30 per night.

Riders Name \_\_\_\_\_ Jr. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ email \_\_\_\_\_

Horse: Name \_\_\_\_\_ Age \_\_\_\_\_ Size and Color \_\_\_\_\_

What discipline do you focus on? \_\_\_\_\_  
What level are you riding now? \_\_\_\_\_  
Briefly, what is your history with this horse? \_\_\_\_\_

What are you hoping to gain from attending this clinic? What would you like to work on in this clinic? \_\_\_\_\_

What are your short term goals with this horse? \_\_\_\_\_

What are your long term goals with this horse? \_\_\_\_\_

**Please enclose a copy of your coggins with this entry form and your fee.**

**Make checks payable to:** Valinor Farm

**Mail entries to:** Valinor Farm, 1067 Old Sandwich Rd Plymouth, MA 02360

**Assumption of Risk and Waiver** By signing this agreement you acknowledge that you and your guests are on the property at your own risk, and hereby specifically release, indemnify, and hold Valinor Farm, its owners and agents, harmless from liability for any claims which may arise out of your activities on the premises. In signing this contract, you are binding yourself, your survivors, your agents, or any other person seeking to assert claim on your behalf, which arises from an accident occurring at Valinor Farm, even if such accident results in a permanently disabling injury or death. You, by signing this agreement, also acknowledge that you have read and understand the following notification pursuant to Chapter 128, Section 2D of the Mass General Laws.

**Warning Under Massachusetts Law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.**

\_\_\_\_\_  
Signature of participant or legal guardian if participant is under 18

Date \_\_\_\_\_