

Valinor Farm - Clinic Entry Form
Richard Lamb
Sunday May 16, 2010

Dressage or Stadium sessions

private: 45 minutes \$100
semi private: 1 hour \$80
groups of 3 or 4: 1 hour \$70

Stalls are available for an additional fee of \$30 per night. Helmets are required. Vests and medical armbands are required for X-Cty. Lunch will be available for purchase, orders will be taken in the morning.

Riders Name _____ Jr. _____
Address _____
City _____ State _____ Zip _____
Phone _____ email _____

Horse: Name and description _____
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.

Date _____
Signature of participant or legal guardian if participant is under 18