



Allison Springer Clinic

Rider Information

Rider Name: _____

Rider Address: _____

Telephone #: _____

E-mail Address: _____

Rider Date of Birth: _____

Horse Name: _____

Horse Age: _____

Group Requests (we can try to accommodate): _____

2018 Coggins Attached: YES NO

Clinic Format: 2 hour session with 4-5 riders per group

Saturday

Sunday

Jumping Height:

Up to 2”

2” – 2’6

3” +

Payment:

\$150 per day – mail entry/ check to : Azrael Acres 144 Williams Street, Uxbridge, MA 01569

Check # _____

Cash

Paypal- Please send it as “Family & Friends” for no fee to: azraelacres@yahoo.com

Release

General Activity Release I hereby attend this competition at my own risk, subject to the rules of Azrael Acres. I hereby agree to be responsible for any injury or damages that may occur to, or be caused by any animals, vehicles, or trappings, or the loss of any animal, vehicle, or trappings belonging to or exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless the said competition, its show managers, volunteers, and Azrael Acres from any damage, expense and/or liability arising out of or resulting from any act or omission of the exhibitor or Azrael Acres or their agents, servants or employees. I certify that all my horse(s) are free from contagious disease. Warning: Under Massachusetts Law, an Equine professional is not liable for any injuries to, or death of, a participant in equine activities, pursuant to chapter 128, section 2D of the general laws. Azrael Acres also reserves the right to add to or change groups as needed.

Rider Signature or Parent/Guardian if under Age 18

Date