

Mark Leone Clinic Registration Form-December 9, 2018

Name of rider _____ Experience level _____

Name of horse _____ Experience level _____

Fence height preferred _____ Rider's email address _____

Rider's address _____

Rider's phone number _____ cell number _____

Emergency contact name _____ phone number _____

Negative current coggins enclosed (dated within one year of clinic date) _____

Would you like a day stall? \$20 per stall, please bring your own bedding and buckets _____

Please enclose a check for \$250 for clinic, or \$270 for clinic with a day stall. Send this form, plus copy of negative coggins and check to secure your spot in the clinic. Checks to "Riding with HEART"

Mail to: Riding with HEART
639 C.R. 513
Pittstown, NJ 08867

Liability Waiver and Release

I, _____ understand that horseback riding is an

(Please print your name)

inherently dangerous sport. I agree to hold harmless and release from any and all liability Mark Leone, Riding with HEART and its volunteers and staff, the Alexandria Equestrian Association and its volunteers, and Alexandria Township and its employees in the event of any loss, damage or death due to my participation in this clinic.

Name (please) print _____ date _____

Name (please sign) _____ date _____