April 24, 2010
Tina Stephenson Hunter/Jumper Clinic
Registration Form

Name:_____ Phone: _____

Address: _____

Please answer the following questions about yourself:
Beginner Intermediate Advanced

I am confident jumping:
X-rails 2-2'3 feet 2'3-2'9 feet 3 feet +

My horse is best described as:
Young/green New to Jumping Show Broke Veteran Jumper

Cost: $ 30.00 for Members, $50 for non-members.

You will be contacted with a ride time once we have our groups set up. Tentative times are 9-10:30 am, 10:30am-Noon, 12:30 – 2, and 2-3:30. No more than 6 riders per group.

Make check payable to: SDHPA

Mail Entry Form & Check to: Andy Hunt PO BOX 268 Pawling, NY 12564

Agreement for Release and Waiver of Liability

I assume complete responsibility for any injury, accident, or loss incurred to myself or my horse during this event. Neither I, nor my representatives, assignees, or heirs, shall make any claim against, maintain an action against, or recover from *SDHPA, t*he owner and or Lessee of the SDHPA Arena, and the *English Committee* will not be responsible for any accident which may occur to or be caused by any person or animal at the show. By signing below, I acknowledge that I have read, understand and agree to the above statement.

Signature: _____ Date: _____

Signed: _____ Parent or Guardian of Minor)

3/7/2010