



**Amy Hassinger Clinic Registration**

February 28, 2010 Clinic Start @ 8 AM  
424 Waxhaw Indian Trail Rd  
Waxhaw, NC 28173  
704-843-5215 [www.providenceequestrian.com](http://www.providenceequestrian.com)

**Rider and Auditor Registration**

**Please fill out one form per participant. Deadline to Register is 2/24/10.  
Include a copy of a current Coggins with Registration.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent or Emergency Contact: Name/Phone \_\_\_\_\_

Medical Information: Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Age: \_\_\_\_\_ Horse or Pony name: \_\_\_\_\_

Current Riding Level or Schooling/ Showing Division: \_\_\_\_\_

Additional Session/Horse Information: \_\_\_\_\_

\_\_\_\_\_

**Payment Information**

**Clinic \$90/session \* Auditors \$30/day \* Stalls \$25/day or \$40/weekend**

Clinic Session(s): \$ \_\_\_\_\_ Auditor(s) Fee(s): \$ \_\_\_\_\_ Stall(s) \$ \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Payment Method: Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Visa.MC # \_\_\_\_\_ Exp \_\_\_\_\_

Payment is nonrefundable and is due in full at the time of registration.  
Management reserves the right to determine cancellation of the clinic due to inclement weather. If management cancels the clinic, monies will be refunded.

**STATE OF NORTH CAROLINA UNION COUNTY  
Release Agreement and Assumption of Risk**

IN CONSIDERATION of the covenants herein contained and agreement with Providence Equestrian Center, it's officers, agents and employees, for

My Child  My Ward  Myself  (check one)

\_\_\_\_\_  
(Insert Full Name)

to receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the Providence Equestrian Center, I do hereby release and discharge Providence Equestrian Center, its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Providence Equestrian Center, it's agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or myself if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of the Providence Equestrian Center and to obey the instructions of the staff.

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Please Write Clearly:

\_\_\_\_\_  
(Signature - Parent, Guardian or Self)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address - COMPLETE ONLY IF DIFFERENT FROM BILLING INFO.)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Home Telephone #)

\_\_\_\_\_  
(Business Telephone #)