

SAM GRIFFITHS CLINIC REGISTRATION

March 3 and 4
\$150 for one day
\$275 for both days

Clinic participants will be placed in groups of 4 by similar fence height and experience. Clinic times can only be guaranteed with payment in full.

Checks made out to Tatra Farm. Exact clinic times will be assigned on Monday before the clinic. We will do our best to get you as close as possible to requested time.



Name: _____

Day preference (circle one): Saturday Sunday Both

Experience level: _____

Height preference: _____

If there are other riders you would prefer to ride in the same group with, please list their name(s): _____

Contact Pat Towle
Text preferred: (914) 475-1391
Email: tatra@optonline.com



290 Schultsville Rd
Clinton Corners, NY
tatrafarm.com

RELEASE OF LIABILITY

Date: _____

Name of Rider: _____ Date of Birth: _____ Age: _____

Address: _____

Email: _____ Telephone: _____ Cell: _____

Emergency Contact: _____ Telephone: _____

Parent/Guardian: _____ Telephone: _____

Horse Name: _____ Owner of Horse: _____

I, _____ fully understand that horseback riding, training, competing, observing, trail riding, jumping fixed and non fixed fences and just being around a stable and horses is a dangerous activity. I accept and assume the risk of injury (including death or loss) to myself, horse, or property. I understand that horses can be very unpredictable and conditions may include steep and rough terrain that can be unsafe. I fully accept responsibility for all my actions and will hold harmless Tatra Farm OC staff, employees, owners, landowners, and working students for any injury (or death) to me or my property whether from anyone's negligence or not, or any cause arising out of my participation in these dangerous horseback riding or related activities. I also understand these activities include being around and sometimes on or operating equipment such as golf carts, gators, tractors, horse trailers, trucks, and other vehicles. I accept all risk of liability of all and anything associated with a horse farm or horse show, any riding activity whether on the premises or off the premises.

Additionalt, if I have brought anyone with me to participate or visit, I recognize and agree that it is my obligation to have such person sign a release of liability form and they will not participate in any activity unless cleared by the Tatra Farm OC staff.

Signature of participant: _____

Printed name of participant: _____

Signature of parent or legal guardian for anyone under 18: _____

Printed name of signature: _____

Date: _____