

RIDER INFO

Name	Phone Number
Address	City, State, Zip
Email	

HORSE INFO

Name	Breed	
Sex	Color	Neg. Coggins & Proof of Rabies <input type="checkbox"/> Enclosed <input type="checkbox"/> On File
I am entering: (check all that apply) <input type="checkbox"/> May 7 <input type="checkbox"/> June 18 <input type="checkbox"/> July 30 <input type="checkbox"/> August 20 <input type="checkbox"/> September 24 <input type="checkbox"/> October 8		Select Lesson Times <input type="checkbox"/> 10:00am <input type="checkbox"/> 11:00am <input type="checkbox"/> 1:00pm <input type="checkbox"/> 2:00pm If sessions become too full, times may change to add another group in. Check your email!

FEES

	GMHA Member	GMHA Non-Member
Full Day, All 6 sessions	\$275	\$325
Single, Full Day	# of ses. ____ x \$55 = ____	# of ses. ____ x \$65 = ____
Single, Half Day	# of ses. ____ x \$35 = ____	# of ses. ____ x \$45 = ____
Total	_____	_____

PAYMENT INFORMATION

<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Cash <input type="checkbox"/> Bill my credit card (MC/Visa Only)
CC # _____ Exp. _____ Signature _____

INDIVIDUAL AGREEMENT AND WAIVER OF LIABILITY WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. section 1039.

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any harm occurs to my horse or myself or to any equipment that I may use or send to use, I will make no claim against the Green Mountain Horse Association, Inc. or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold the Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and Landowners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits, and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horses or attendants.

I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT/GUARDIAN

Please Mail Entries to: GMHA Wheel Runners, PO Box 8, S. Woodstock, VT 05071
Please contact GMHA with any questions: (802) 457-1509 ext. 203 or kelly@gmhainc.org