

DATE: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Rider #: _____ Hunter #: _____ Rescue #: _____ </div>	HORSE NAME	RIDER NAME:
	Breed: _____ Age: _____	D.O.B: _____ Ph: _____
	Ht: _____ Sex: _____ Color: _____	Addr: _____

SUFFOLK STABLES LLC

Parent/Owner Info	Trainer Information	Fees	Classes
Name: _____	Name: _____	Entry fee: _____	
Address: _____	Address: _____	School only (Not showing \$25) : _____	
		Trainer Fee: _____ (Suffolk riders only)	
Farm: _____	FARM: _____	Day Stall: _____	
Ph #: _____	Ph #: _____	Horse use fee: _____ (Suffolk riders only)	
EMAIL: _____	EMAIL: _____		
Signature: _____	Signature: _____		
Signature must be present to Show	Signature must be present to Show	TOTAL : _____	

RELEASE: In consideration of services or property provided, I, for myself, guests, and any minor children for which I am parent, legal, guardian, or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: SUFFOLK STABLES, DEBORAH GREER AND ITS HORSES, all instructors, trainers, staff, consultants, assistants, and barn care team members of SUFFOLK STABLES, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever.

WARNING: Pursuant to New Jersey Statutes Annotated 5:15-1 et seq., an equestrian area operator is not liable for any injury to, or the death of, a participant in equine animal activities resulting from the inherent risks of equine animal activities. It is understood that ALL CDC guidelines are to be followed by ALL attendees in regards to the COVID-19 Pandemic and Suffolk stables can not be held responsible for non compliance of CDC regulations, guidelines, rules etc.

WARNING: Entering the riding area is in itself a dangerous activity due to the presence of farm equipment, animals,, weather hazards, and natural and artificial obstacles such as pot holes, and logs. By signing this form, you acknowledge that you understand all risks involved in equine activities and/or being on the premises, whether participating, watching, or just entering the riding area. Further you expressly assume liability for an injury or damage that may occur for any reason whatsoever.

I HAVE READ THE FOREGOING ACKNOWLEDGMENT OF RISK, ASSUMPTION OF RISK, AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE

Day stall: \$30.00 Shavings: \$8/bag Schooling only: \$25

Return Registration form to: Suffolk Stables 1418 Old Indian Mills Rd Shamong NJ 08088. Email: info@suffolkstables.com

Coggins
Yes
No
Promised

OFFICE USE ONLY:

Amt: _____ Ck: _____

CC: _____ Cash: _____

Per Class Fee: \$30 A CLASS