

<b>DATE:</b> _____  <div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px;"> Rider : _____ </div>	<b>HORSE NAME</b>	<b>RIDER NAME:</b>
	Breed: _____ Age: _____	D.O.B: _____ Ph: _____
	Ht: _____ Sex: _____ Color: _____	Addr: _____

## SUFFOLK STABLES LLC - DRESSAGE

Parent Information	Trainer Information	Fees	TEST	
Name: _____	Name: _____	Test fee: _____		
Address: _____	Address: _____			
		Overnight Stall Fee: _____		
Farm: _____	FARM: _____	Day Stall: _____		
Ph #: _____	Ph #: _____	Schooling fee: FREE		
EMAIL: _____	EMAIL: _____			
Signature: _____	Signature: _____	EMT FEE: \$5.00 (mandatory)		
<b>Signature must be present to Show</b>	<b>Signature must be present to Show</b>	<b>TOTAL : _____</b>		

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

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 LEGAL RIGHTS. DO NOT SIGN ABOVE UNTIL YOU HAVE READ THE ABOVE STATEMENTS IN ENTIRETY.

**Overnight stall: \$30.00      Day stall :\$20.00      EMT ON SITE: \$5.00 Mandatory**

**Return Registration form to:** Suffolk Stables 1418 Old Indian Mills Rd Shamong NJ 08088. Fax to: (609)388-4786. Email: info@suffolkstables.com

<b>Coggins</b>
Yes
No
Promised

OFFICE USE ONLY: ENTRY FEES \$35 per class

Amt: \_\_\_\_\_ Ck: \_\_\_\_\_

CC: \_\_\_\_\_ Cash: \_\_\_\_\_

Venmo: \_\_\_\_\_ Paypal: \_\_\_\_\_

**ALL DRESSAGE TESTS ARE \$25 PER TEST.**

**YOU MUST PRE BOOK YOUR TIME SLOT**