



Thorncroft Equestrian Center
190 Line Road
Malvern, PA 19355
610.644.1963
info@thorncroft.org
thorncroft.org

CLINIC ENTRY FORM

Participant's Name: _____ JR/SR

If under 18, name of responsible adult and phone #: _____

Mailing Address: _____

Mobile Phone #: _____ Email: _____

Emergency Contact/Phone #: _____

Name of Horse(s): _____

Level and Test(s) To Be Ridden: _____

I enclose here a total of \$ _____ for the aforementioned entry, which is made at my own risk and subject to the conditions of the organizer. I agree to abide by the rules which cover this event as set forth by Thorncroft Equestrian Center/Thorncroft Therapeutic Horseback Riding Inc.

Liability Release :In consideration of accepting _____ (participant's name) in the Fix-A-Test clinic, or any other activity at Thorncroft, I understand that horses are unpredictable by nature and I voluntarily assume the risks and dangers involved. I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Thorncroft Equestrian Center/Thorncroft Therapeutic Horseback Riding, Inc., its Owners, Instructors, Volunteers, Aids and or Employees for any and all injuries and or loses. A non-employee is not covered by Thorncroft's worker's compensation policy.

Important: You assume the risk of equine activities pursuant to Pennsylvania law.

Rider signature OR parent/guardian if under 18

Date

**Proof of negative Coggins within 12 months required. Payment due at time of entry.
Incomplete entries and entries without payment will be put on a wait-list.
Cancellation policy-refund only if place is filled minus \$10 office fee.**

Office ONLY:

Date Rec'd: _____ Payment: _____ Coggins: _____