



Pete Whitmore Clinic Entry Form

August 11, 2018

Name of Rider _____ Age if under 18 _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Name of Horse _____

**\$60 Per Rider Entry Fee.
Sign up for both and save \$20.**

Please make check payable to: **Vermont Trail Trotters**

Vermont Trail Trotters
Pete Whitmore Clinic
PO Box 1562
Bennington, VT 05201

Choose One or Both:

AM **PM**

Both **\$100**

Release of Liability: 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. § 1039. I understand that this is a high risk sport, and am voluntarily participating at my own risk. I assume complete responsibility for any injury, accident, loss or property damage incurred by me while a participant in this Event. Neither I nor my representatives, assignees, or heirs shall make any claim against, maintain an action against, or attempt to recover damages from the organizers, sponsors or beneficiaries of this Event, or any other organization or persons associated with this Event, or any property owners over whose land the course is laid, for injury, loss, damage, or death to myself or my property resulting from my participation. I acknowledge that I have read, understand and agree to the above statement.

Rider's Signature _____ Date _____

For Riders Under Age 18, the rider and a parent or legal guardian (not a trainer or other person) must sign. I, the parent or legal guardian of the minor named above, acknowledge that I have read, understand and agree to the above statement, and give my permission for his/her participation.

Signature of Parent/Guardian _____ Date _____

Office Use Only:
Date Rcd: _____ Amount: _____ Check No.: _____