



Auditor Form  
Anne Gribbons' Clinic  
August 4, 2014  
Hawk Hollow Ranch  
100 River Road West  
Bedminster, NJ 07921

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

ESDCTA Member fee: \$50

Non-member fee: \$75

I am an ESDCTA Member

Yes, my member # is \_\_\_\_\_  No

Boxed lunches will be provided, please indicate your choice of sandwich.

Non-veggie  Veggie

I would like to be considered as a rider and have sent an application regarding this information.

Yes  No

Please mail *signed* auditor registration and check payable to "ESDCTA" to: Beth Ann Adams  
1824 Easthill Drive  
Bethlehem, PA 18017  
610.868.3615  
secretary@esdcta.org

\*\*\*\*\*Must be received by July 25th\*\*\*\*\*

*Warning: under New Jersey Law an equestrian operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities pursuant to PL 1997 c.287(C.5:15-1 et seq).*

*In consideration for my participation in this ESDCTA sanctioned event, I agree to the following: I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss, and suffering or death ("Harm"). I hereby agree to release, indemnify and hold harmless ESDCTA, its clinicians, officer, show manager's agents, officials and volunteers from and against any and all loss liability or damage arising from, or because of or in connection with, participation in this competition or related activities. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all of the obligations of this release on the child's behalf. BY signing below I agree to be bound by all applicable rules and all terms and provisions of this entry.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If under 18, parent or guardian must sign*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_