

REGISTRATION FORM
Musical Freestyle Clinic & Lecture
Terry Giotti–April 13-14, 2024
USET, Gladstone New Jersey

Level _____
Name: _____
Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phones:(home and cell) _____
Email: _____
I am a member of ESDCTA _____

Rider (Please submit a negative coggins test)

As there are only 12 slots available for riders, ride times will be allotted to applicants in the order received, with preference given to ESDCTA members. Additionally, we are trying to have at least 1 rider at each level. We will keep a wait list of rides for each level.

****There are 4 slots available April 13th and 8 slots April 14th.***

DAY: April 13 __ or April 14 ____

\$215.00 (rider lunch included) Groom lunch \$15.00 _____ Day

Stall: \$50.00 **MUST STRIP STALL AT END OF DAY!!!**

April 13th____ April 14th ____

Will you be auditing the day you are not riding? Yes ____ No____

**Registration Deadline is April 11th. A notice will be posted online when clinic is full.

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Auditor

With lunch: \$60.00 per day April 13 _____ April 14 _____

No lunch: \$45.00 per day April 13 _____ April 14 _____

***Pre-registration deadline for Auditors with lunch is April 11th.
Walk-In Auditors are welcome however lunch will not be available.

Payment:

Make checks payable to: ESDCTA

Mail checks to: Victoria Shilton

219 Lees Avenue

Collingswood, NJ 08108

Credit Card payments accepted at link on website. Email registration to education@ESDCTA.org.

LIABILITY RELEASE FORM

"I hereby agree to abide by all rules of all applicable laws, rules, and regulations of the State of New Jersey and the New Jersey Department of Agriculture. I agree to make no claims for any injury or damage against the New Jersey Department of Agriculture, the Horse Park of New Jersey, and ESDCTA acknowledge there will be no ambulance or paramedic service on site.

Under New Jersey law, an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from inherent risks of equine animal activities, pursuant to P.L. 1997, c. 287, C:5:15-1 et seq.

A participant shall submit a written report to the operator setting forth the details of any accident or incident as soon as possible, but in no event longer than 30 days from the time of the accident or incident.

I have read this release and fully understand the contents.

Name (Please Print)

Signature

Parent or Guardian

Date

Emergency Contact:

Name

Cell Phone Number

E Mail Address
