

The Carriage Barn
Senior Beginner Driving Registration
(One Participant per Registration, please)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

Clinic for One Driver..... \$100

For clinic beginning (please pick one):

First available
(please contact me with available
start dates)

Clinic beginning _____

Check should be made / mailed to:

The Carriage Barn
C/O 8 Sarah's Way
Newton, NH 03858

Level of Experience (if any): _____

Classes are on Sundays from 10 to 11:30am.

Attendees should provide personal snacks and drinks.
(Please note that we are a peanut free facility.)

This is an outdoor class, so please dress for the weather
(Comfortable clothes & outerwear, sneakers or boots, bug spray and sunscreen, etc).

Space is limited. Helmets are required for all attendees (available on site).

Registrations will be confirmed upon receipt of full payment.

Liability Waiver is required (see other side).

Full refund if program is canceled.

Other refunds given at the sole discretion of The Carriage Barn.

For more information: Phone: 603-378-0140,

E-mail: carriage-barn@comcast.net

Website: www.carriage-barn.org

2014 Senior Beginner Driving
The Carriage Barn
Kensington, NH
Registration Liability Release Form

Driver Name: _____ DOB: _____

Physician's Name: _____

Health Insurance Company: _____

Allergies to medications: _____

Current medications: _____

In the event of emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In signing this application, the Driver agrees to the following:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: The Carriage Barn will render basic first aid as needed, but is not liable for any medical services that may be needed. Any medical services that may be needed are the sole responsibility of the Undersigned. Permission is given here for The Carriage Barn to secure & retain medical treatment (including transportation) if needed and release records to assist in that medical treatment. Permission is also given to any physician / hospital chosen by The Carriage Barn to treat the Undersigned for any illness or injury, as deemed appropriate by qualified medical personnel.

RELEASE AND HOLD HARMLESS: Whereas, the Undersigned, acknowledges the inherent risks involved in riding & working around horses, which risks include bodily injury & death, from using, riding or being in close proximity to horses, among other risks & further, that both horse & Driver can be injured in normal use or in competition & schooling. In consideration, therefore, for the privilege of riding and/or working around horses at The Carriage Barn, the Undersigned does hereby agree to hold harmless & indemnify The Carriage Barn Equestrian Center Therapeutic Riding Program, Inc., Ann Miles, and The Holt Family. Further the Undersigned releases them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned any premises during the clinic.

ALSO, in signing this application the Driver agrees to the following:

Any damage caused by the Undersigned's disregard of instructor / staff instructions must be paid for by the Undersigned. The Carriage Barn will not assume liability for loss / damage of Undersigned's property.

Permission is also given here for use of photographs and / or video of Undersigned in Carriage Barn publicity, unless otherwise noted in advance.

Date: _____ Signature: _____