

The Therapeutic Equestrian Center
is pleased to host a Workshop
with Nicole Birkholzer
Saturday, April 8, 2017 from 10 a.m. – 1pm

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Workshop Participant: = \$50

TOTAL ENCLOSED (payable to TEC) \$ _____

Liability Release

I hereby, intending to be legally bound, waive and release forever all claims for damages against The Therapeutic Equestrian Center, its Board of Directors, Executive Director, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses sustained while participating in TEC's program.

Under Massachusetts law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities pursuant to *Section 2D of Chapter 128* of the General Laws.

BY SIGNING BELOW, I AGREE to be bound by the rules and all terms and provisions of this registration form.

Participant's Signature: _____

Parent or Guardian: _____

(If Participant is under 18 years old)

Mail registration and payment to:

Therapeutic Equestrian Center, 537 Northampton Street, Holyoke, MA 01040

Register online: www.EquestrianTherapy.org/workshop

For more information call 412-532-1462