

Discover The Experience!



Phoenix Equestrian Center, LLC
39 Orts Road, Hamburg, NJ 07419

Home of OXBOW STABLES & RIDING CLUB

Riding Clinic RELEASE & ENTRY FORM

PLEASE PRINT

Rider		
Street		
City	State	Zip
Phone	Cell Phone	E-Mail
Emergency Contact	Phone	

CLINIC DATES:
(Michael Page)

- Sunday, January 13, 2019
- Sunday, March 31, 2019
- Sunday, April 14, 2019
- Sunday, May 12, 2019
- Sunday, June 16, 2019
- Sunday, July 7, 2019
- Sunday, August 11, 2019
- Sunday, September 15, 2019
- Sunday, October 27, 2019
- Sunday, November 24, 2019
- Sunday, December 29, 2019
- Sunday, January 26, 2020

PAYMENT BY CHECK
Please Make Check Payable
to Oxbow Stables Inc.

Other, specify _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card No	Expiration Date	Security Code		
Name				
Address				
City	State	Zip		

FEES ENCLOSED	
ENTRY FEE	\$
ADDITIONAL AUDITS _____ @ \$25 each	\$

TOTAL AMOUNT \$

*Please make checks payable to Phoenix Equestrian Center, LLC

RELEASE OF ALL CLAIMS

Under NJ law an equestrian area 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 P.L. 1997, c. 287, C:5:15-1 ET SEQ.

The undersigned acknowledges that the handling and riding of horses can be hazardous to both rider and horse, and therefore, willingly and knowingly accepts whatever risks are involved while riding and/or training at the Oxbow Stables, Inc. The undersigned hereby on behalf of himself and his personal representatives releases and forever discharges the Oxbow Stables, Inc.; the Oxbow Raiders 4-H Club; Veron Bowles; Tara Bowles; Bruce Patti; Michael Page; the owners of the horses; and their respective officers; directors; agents and representatives and their successors and assigns, of and from any and all claims and demands of every kind, nature and character which the undersigned may have or may hereafter acquire or which the undersigned's personal representatives may hereafter acquire or have accrued to them, for any and all damages, losses and injuries which may be suffered or sustained by the student, boarder, rider, groom, spectator, horse and/or equipment utilized in connection with the participation of horseback riding at the Oxbow Stables, Inc, and/or the participation in the Michael Page Clinics, the undersigned's association therewith, all traveling to, training for, and return from such clinics; and all such claims and demands are hereby waived and released and the undersigned covenants not to sue therefore.

I understand each provision and agree to be bound by same.

SIGNATURE OF RIDER

SIGNATURE OF PARENT OR GUARDIAN
(Parent or Guardian must sign if competitor is under 18 years)

SIGNATURE OF OWNER