AUDITOR REGISTRATION FORM
3 PILLARS EQUESTRIAN CULTURAL EXCHANGE CLINIC
OCTOBER 25, 26, 27, 2019.

3 PILLARS EQUESTRIAN CENTER
*1245 County Road 519, Frenchtown, New Jersey 08825
*GPS Enter #1247 County Road 519, for driveway entrance.

Name: _____

Address: _____

Phone Number: _____

Email: _____

I am attending:
Friday - October 25, 2019 ☐ 30.00 Please pay on website

Saturday – October 26, 2019 ☐ 30.00 Please pay on website

Sunday – October 27, 2019 ☐ 30.00 Please pay on website

All three days: October 25, 26, & 27 ☐ 75.00 Please pay on website

If you are unable to pay by credit card and must pay by check, please make payable to "Three Pillars Equestrian" and mail to address above by October 10, 2019.
Advanced auditor registration preferred, walk ins welcome!
If you have any questions, please contact Rhea phone/text (973) 207-5457

*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 THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287, C: 5:15-1 ET SEQ.*
*I understand that the activity of horseback riding includes inherent risks of injury and I voluntarily assume and accept the full risk of such injury. I also understand that a horse, irrespective of its training or temperament, may act in an unpredictable manner and that this is a risk to be assumed by engaging in any equine activity. I knowingly assume all risks, whether known or unknown, associated with engaging in equine activities.*
*To the fullest extent allowed by law, I agree to waive, discharge claims, and release from all liability, Bramblefields Properties, LLC, 3 Pillars Equestrian, LLC (collectively referred to as "STABLES") and landowner Andrew Niebuhr, its officers, members, managers, employees, agents and legal representatives from any and all liability on account of, or in any way resulting from injuries, damages, and/or death, even if caused by negligence of the STABLES, its officers, members, managers, employees, agents and*

*legal representatives, in any way connected with equine activities. I further agree to hold harmless the STABLES, its officers, members, managers, employees, agents and legal representatives from any claims, damages, injuries or losses caused by my own negligence while a participant in equine activities, or events organized or sponsored by the STABLES. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrations and assigns, and includes any minors accompanying me in equine activities.*

*I acknowledge that I have read this Release of Liability and know and understand its contents. If you are under the age of 18, a parent or guardian must sign this release on your behalf (in this section). 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*_____