Jerry Schurink Clinic at Valinor Farm Saturday July 6, 2019

Please Specify preference: Semi Private: 45 minutes or Groups: 90 minutes Time preference (morning or afternoon). List names of other participants you would like to be scheduled with:							
					,		
					if registered and paid I rticipants are allowed		received after June 22.
				clinic fees are no	n- refundable but can	be transferred to anoth	er participant if needed
Riders Name		Jr or Sr . Birth Dat	e if Junior				
City		State	Zip				
Phone	email						
Mail registration to		Old Sandwich Rd Plym					
·	. ,	gins (within 1 year) witl	n entry				
risk, and hereby specifi	ent you acknowledge that cally release, indemnify, a iims which may arise out		on the property at your own owners and agents, harmless remises. In signing this				
your survivors, your ag an accident occurring a	ents, or any other person t Valinor Farm, even if su	ch accident results in a per	n your behalf, which arises from rmanently disabling injury or ad and understand the following				
professional is not liable	e for injury to, or the dea	Laws. Warning Under Mass th of, a participant in equir hapter 128, Section 2D of t	ne activities resulting from the				
		Date					
Signature of particina	ant or legal guardian if	participant is under 18					