



**Rider/Auditor Entry Form
Ride-A-Test Super Clinic**
Clinic Date: Saturday, April 15, 2017
Hosted By: The Grand Oaks Resort
3000 Marion County Rd
Weirsdale, FL 32195
<http://thegrandoaks.com>

Office Use Only (Items Completed):

Form: _____
Coggins: _____
Photo Release: _____
Liability Release: _____

Fees Paid:
Rider _____
Lunch _____
Stall _____

All completed paperwork, forms, coggins, signatures, and payments must be postmarked by Saturday, April 8, 2017.

This clinic will fill quickly. Once we reach capacity, [11 riders per clinician] then participants will be contacted. The remaining will be placed on a waiting list. Only completed entry form, coggins and payments are considered to hold a spot – **First come, First served.**

ALL FIELDS ARE REQUIRED FOR COMPLETE REGISTRATION

Participant's Name: _____
Participant's Address: _____
Participant's Phone Number: _____ Email Address: _____
Participant's Date of Birth: Month ____ Day ____ Year ____ CFD member? Yes ____ No ____
Horse's Name (if riding in clinic): _____ Age: ____ Breed: ____ Size: ____ Sex: ____
Emergency Contact Name: _____ Phone: _____

Fees - Check Options:

[] CFD Member Rider: \$65
[] Non-member Rider: \$90
[] Mandatory Stall* \$50
*2 bags shavings/cleaning included
[] Lunch \$12
[] Auditor \$0

Lunch Selection:

[] Cranberry/Chicken Salad Croissant
[] Tuna Croissant
[] Vegetarian Salad w/Raspberry Vinaigrette
[] Ham & Swiss Sandwich {circle} white, wheat
[] Turkey & Cheddar Sandwich {circle} white, wheat
Includes: chips, iced tea or water

____ Sessions x ____ = \$ ____
____ Lunch x \$12 = \$ ____
____ Stall x \$50 = \$ ____
Total \$ ____

Clinician:

[] Sandra Hotz
[] Bill McMullin

2015 Test(s) to Ride: _____

Stabling or Other Requests: _____

Entry fees are non-refundable unless event is cancelled.

Make check payable to: **Central Florida Dressage Inc.**

Mail entries to: **Susan Croft, 33810 Cardinal Lane, Eustis, FL 32736**

susancroft@mac.com

PAYMENT & COPY OF HORSES'S COGGINS MUST ACCOMPANY ENTRY FORM

PHOTOGRAPH AND VIDEO RELEASE: I authorize and provide permission for Central Florida Dressage Inc, and related entities, to use or provide for publication, in any type of media including websites and printed material, photographs or video taken of me, my horse, or my representatives at this event. I understand that I will not be paid or compensated for providing this authorization. Signing this authorization is not a guaranty that my photographs will be ultimately selected for publication or reproduction.

Signature: _____ Print Name: _____ Date: _____

WARNING

Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

LIABILITY RELEASE & ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I understand that by participating in this event, I do so at my own risk and risk to the above named horse. I understand that Central Florida Dressage Inc, its board members and staff, United States Dressage Federation Inc, the event organizer, volunteers, clinician(s), facility staff, the hosting individual(s) and/or organization, sponsors or anyone acting on their behalf are not responsible for accidents, damage, injury or illness to the horses, riders, spectators, or any other person in connection with this event. I further agree to abide by all USDF rules and fulfill all financial commitments related to this event. Regardless of any agreements between the rider and the horse's owner, the rider, as event participant, is ultimately responsible for paying the fee for this event to CFD and for paying the stabling and any related fees to the facility hosting the event.

The undersigned as a participant/parent/legal guardian or legal representative/agent/responsible party, being of legal age and fully competent to contract, have read, understand, and agree to the above Warning and Chapter 773 of the Florida Statutes (available at <http://www.leg.state.fl.us/statutes> OR available upon request from Central Florida Dressage Inc) and the Liability Release & Acknowledgment of Financial Responsibility.

Signature: _____ Print Name: _____ Date: _____

Signature of Horse Owner: _____ Print Name: _____ Date: _____

(COMPLETE THE FOLLOWING ONLY IF SIGNING ON BEHALF OF A MINOR)

Relationship to Participant: _____ Signer's Date of Birth: _____ (Month/Day/Year)