



Rider/Auditor Entry Form
THE RASWAN AWARD
A Ride-A-Test Clinic with Tina Drake
Clinic Date: Saturday, October 1, 2016
Closing Date: Saturday, Sept 24, 2016
Hosted By: Willingham Dressage
1785 Willingham Rd, Oviedo, FL 32766

Office Use Only (Items Completed):

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

Fees Paid:
 Rider: _____
 Auditor: _____
 Late Fee: _____

All completed paperwork, forms, coggins, vaccination certificate or proof of vaccination, signatures, and payments must be postmarked by Saturday, September 24, 2016. Entries received after closing date, or incomplete or non-paid entries, will be considered on an as available basis.

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: \$75 ☐ Non-member Rider: \$85
☐ CFD Member Auditor: Free ☐ Non-member Auditor: \$10
 2015 Test(s) to Ride : _____

Rider Fee _____
 Auditor Fee _____
 Late Fee _____
Total Paid _____

Stabling or Other Requests: _____

Housekeeping: Horses are not to be tied to trailers. Hand grazing ok. Enter stalls and dry groom areas from outside of barn. Interior doors and aisle ways for people only.

Rider fees include mandatory stalls [overnight or day].
 Clinic max is 8 riders.

Make check payable to: **Central Florida Dressage Inc.**
 Mail entries to: **Kimberley Puthoff, PO Box 1204, Geneva, FL 32732-1204**
kimberley@puthoffcpa.com

***** PAYMENT MUST ACCOMPANY ENTRY FORM** and if riding in Clinic: **A CURRENT* COPY OF HORSES'S COGGINS & Vaccination certificate or proof of vaccination, * Coggins dated within a year of clinic date - Entry fees are non-refundable unless event is cancelled**

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)