



**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)