

WNYDA Pro Bono Junior/Young Rider Clinic

Niagara County Fairgrounds

Sunday, April 21, 2024, 9am- 5pm

Registration Opens: March 4th

Registrations Closes: April 12th

Registration: To reserve a spot, include a check for \$25 rider deposit fee (to be returned at clinic check-in) and/or \$5 audit fee made to WNYDA.

Mail to: Nicole Olivero 4332 Ridge Rd, Lockport, NY 14094 (585)704-8309 / najohnson75@yahoo.com

Email registrations are accepted, but a check to hold spot must be received within 48 hours!

Name _____ Age as of 1/1/2022 _____

Address _____ City _____ Zip _____

Parent/Guardian name: _____

Phone (____) _____ - _____ Email: _____

CHECK ONE: RIDER (\$25 refundable deposit) _____ AUDITOR (\$5 Fee) _____

Ride Time Preference (AM or PM) - Check One: AM _____ PM _____

Name of Instructor you currently ride with _____

Horse name: _____ Age: _____ Breed: _____

List rider's previous dressage experience or education, if any: _____

All lessons are 45 min privates. Riders will be assigned a lesson time as close to your preference as possible. All riders must be a minimum of 8 years old and able to walk, trot, and steer independently.

Stalls are available at no charge (participants must provide their own bedding and strip the stall before leaving).

Lunch may be purchased at Dirty Bird Chicken N' Waffles food truck on-site.

Upon clinic arrival your registration fee check will be returned to you. If due to illness or injury to you or your horse you must cancel your lesson, a written statement from your doctor or veterinarian must be received at least 48 hours prior to the clinic in order for your registration check to be returned to you. If you do not show up for your lesson and do not follow the above described process, your registration check will be considered a donation and will be put into WNYDA's Education Fund.

RELEASE OF LIABILITY MUST BE SIGNED AND DATED – PLEASE READ BEFORE SIGNING!

RELEASE OF LIABILITY – PLEASE READ BEFORE SIGNING

It is understood and agreed that as a condition of riding in or auditing this clinic, that the undersigned, each and all, assume any and all risks of injury and loss, release and hold harmless, and indemnify the Western New York Dressage Association, LTD, staff, volunteers and associates, the organizer, the organizing committee, the instructors, all volunteers, the host and property owners, from legal and financial liability for injury or damage to any horse, rider, family member or spectator. The Release from all legal and financial responsibility is made willingly by the undersigned, from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in or attendance at said activity, or otherwise, whether or not injury or loss result directly or indirectly from the negligent acts or omissions of the Western New York Dressage Association, LTD, its staff, volunteers or associates, the organizer, the organizing committee, instructors, all volunteers, the host and property owners (Niagara County Fairgrounds). The undersigned does hereby waive, release, and forever discharge the Western New York Dressage Association, LTD, its staff, volunteers or associates, the organizer, the organizing committee, the instructors, the host and property owners (Niagara County Fairgrounds). I agree that I will never prosecute or in any way aid in prosecuting any demand, claim or suit against the Western New York Dressage Association, LTD, the instructors, the volunteers, nor the property owners (Niagara County Fairgrounds) for any loss, damage, or injury to my person, persons, horses, or property that may incur from any cause whatsoever as a result of taking part of this activity.

RIDER OR AUDITOR SIGNATURE

DATE

PARENT SIGNATURE (parent or guardian if rider or auditor is under 18)

DATE

OWNER OR AGENT SIGNATURE

DATE

(Adult responsible while on ground for horse ridden in clinic)

