

Western New York Dressage Association, LTD. Educational Grant Program – Ida Mizelle Fund

Effective: December 1, 2018

Purpose: The purpose of the WNYDA Educational Grant Program is to provide support for educational programs for WNYDA members in the Western NY area. This Grant Program is made entirely possible by the generous donation of Ida Mizelle, an original founder of the Western NY Dressage Association, LTD.

Grant Program Description: Each membership year (December 1 through November 30) the WNYDA board will grant funds for up to three educational programs in the Western NY area. Grants can range from \$100 up to \$1000 per event, depending on the funding required. Grants will only be awarded via an application process, presentation and approval by the WNYDA board, and will only be granted to WNYDA members. A requirement of this program is that a full financial budget and program description be provided as well as full financial disclosure of expenses and income following the successful completion of the educational program. WNYDA will not provide event management or oversight, as it will be the responsibility of the applying member to secure all facilities, equipment and volunteers needed for a successful event. WNYDA will however allow for free advertising of the event in our Newsletter and on our Web Site to promote attendance. Financial management of the event is the responsibility of the Event Manager/Organizer.

Grant Process: The process for a WNYDA member to apply for the Educational Grant Program is to complete a standard application. This application must be provided to the WNYDA Board of Directors at least 90 days in advance of the proposed event date. The Board will review the application and determine what grant monies can and will be provided. A WNYDA member can only receive one grant in any given membership year. The primary areas for planning a successful education program include the following:

PROGRAMS are the essence of the grants and should be well planned. They are not to merely consist of individual riding lessons at a reduced price. Every effort should be made to include auditors, and participants should be encouraged to watch as much as possible of the instruction of others in a clinic. Programs can be mounted or unmounted or a combination of both. Scheduling should include time for some theory in the form of a formal presentation, or at least a guided question and answer period. Participants are expected to attend and auditors are encouraged to fully participate.

INSTRUCTORS/CLINICIANS are the core of any program and need to be selected carefully. They need not necessarily be big names from competition ranks, but should have an established record of teaching amateurs and beginners and assisting them with some training ideas to take home.

FACILITIES can vary considerably depending on local conditions, especially the weather. A ring the size of the small arena (20mX40m) is a minimum. A dressage ring is not always necessary. Safe stabling and/or trailer parking is a must, as is reasonable footing.

BUDGETING is an important part of the application process. Of course selection of the instructor/s will influence the final cost, especially when there are large transportation costs involved. Going overboard should not be necessary, but trying for a very low budget production may result in "getting what you pay for." The charge for participants should not be kept too low as it causes people to expect subsidized instruction at all times. WNYDA participants must be allowed a discounted participant fee. Profit sharing arrangements with an instructor are not permitted even when only applied to auditor fees. Excess income cannot be used to finance other programs, projects or activities, and should be returned to WNYDA.

AUDITORS should be an integral part of the planning process and every effort should be made to include auditors. A small charge is not out of order, but is a way of telling people that it is a thing of value to gain knowledge. WNYDA members must be allowed a discounted auditor fee. It is of course incumbent on the event manager and instructor to see that auditors receive something of value and feel they are a real part of the program.

Rules of Use: WNYDA will provide insurance coverage for the Event when grant monies are awarded. As a result, participants will be required to sign a WNYDA Hold Harmless Agreement. It is the responsibility of the Event Manager to ensure that all elements of the Hold Harmless are enforced and that no participants are allowed to participate without the signed Hold Harmless in WNYDA's possession.

WNYDA Educational Grant Program – Ida Mizelle Fund

Application for Grant Funds

Purpose: The purpose of the WNYDA Educational Grant Program is to provide support for educational programs for WNYDA members in the Western NY area. This Grant Program is made entirely possible by the generous donation of Ida Mizelle, an original founder of the Western NY Dressage Association, LTD. WNYDA encourages event managers to incorporate into their programs a lecture on the basics and theory of Dressage, appropriate to the level of the group they are teaching. The maximum amount to be awarded will be \$1000 per application. WNYDA members can receive a grant only once in any given membership year. **Applications must reach the WNYDA Board of Directors at least 90 days in advance of the event.**

| All fields below are required: | | | |
|--|---------------------------|-----------------|-------------------------------------|
| Date of Application: | | | |
| WNYDA Member Applicant Name: _ | | | |
| Event Manager Name: | | | |
| Event Manager Address: | | | |
| City: | | | |
| Phone: E | mail: | | |
| Location of Event: | | | |
| Amount of Grant Requested from Wi | NYDA (max \$1000): | | |
| Date(s) of the Event: | | | |
| Please Describe the Facilities Availab stabling, etc) | le at this location (incl | uding indoor/o | utdoor arena, arena size, footing, |
| | | | |
| Describe the Educational and Instruc additional detail on separate sheet of | | provided (pleas | se be specific – can provide |
| | | | |
| | | | |
| How will your Educational and Instru | uctional Program help | the participan | ts (including riders and auditors)? |
| | | | |
| | | | |
| | | | |
| How many will participate: | | | |

| Cost per Participant: WNYDA members: Riders : | Auditors: |
|--|---|
| Non-WNYDA members: Riders : | Auditors: |
| Instructors Name and Qualifications: | |
| | |
| | |
| How will you advertise this Event? | |
| | |
| | |
| | |
| How will participants be selected to participate in the Evo | ent? (riders and auditors) |
| | |
| | |
| | |
| Other information regarding this Event that you believe the selection and grant process. | will be helpful for the WNYDA Board of directors in |
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| | |

Budget of Program: (additional details can be attached on separate sheet of paper)

| Expense Description | Estimated Expense in \$'s | Income Description | Estimated Income in \$'s |
|---|---------------------------|--|--------------------------|
| Facilities Cost | | Participant Fees (ex: riders) | |
| Clinician /Instructor Fee | | Auditor Fees | |
| Travel Expenses for Clinician to include: Food Lodging Air/Car Travel | | Grants (include the amount being requested from WNYDA) | |
| Supplies | | Other | |
| Other | | | |
| Total Expense | | Total Income | |

The Hold Harmless agreement on the following page must be completed for the event and all those participating must sign the release. It is the responsibility of the event manager to have participants sign the agreement and provide the signed agreements to the WNYDA Board of Directors BEFORE the event begins.

RELEASE AND HOLD HARMLESS

for the Western New York Dressage Association, Ltd. PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

There are inherent risks associated with the care, handling and riding of horses. There is the danger of serious injury including, but not limited to, broken bones, cuts, head injury, and even death. Accidents can, and do happen, and no rider is exempt from falling off. By signing this RELEASE AND HOLD HARMLESS, the undersigned acknowledge that they have read this agreement, have been advised of the inherent dangers, and agree to practice safe, responsible horsemanship. The undersigned agree to wear proper attire for barn work and for riding including wearing ASTM/SEI approved riding helmets at all times while mounted.

AS A CONDITION OF PARTICIPATING IN < Place Event Name HERE >, EACH RIDER AND LEGAL GUARDIAN(S) ACCEPT ALL RESPONSIBILITY FOR INJURY AND LOSS.

It is understood and agreed that as a condition of riding in the *Place Event Name HERE* > 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, from legal and financial liability for injury or damage to horse, rider, family or spectator accompanying the rider. 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 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 undersigned agree to pay for any and all expense incurred by the Western New York Dressage Association, LTD, its staff, volunteers or associates, to defend itself/themselves, should the undersigned, or any other party, seek to recover money for any damage, injury or loss to the rider or worker.

In consideration for participating in the *Place Event Name HERE* >, the undersigned does hereby waive, release and forever discharge the Western New York Dressage Association, LTD. I will 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 for any loss, damage, or injury to my person, persons or property that may occur from any cause whatsoever as a result of taking part of this activity.

To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity and engage in such activity knowing that the activity may be hazardous to me and my and others property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity. I acknowledge the inherent risks involved in riding, working around or being in close proximity to horses, which risks include bodily injury to either horse or person. I hereby release and hold harmless the Western New York Dressage Association, LTD from all liability for negligence resulting in accident, damage, injury or illness to myself or any family member or spectator accompanying me, and to any property, including the horse or horses which will participate in this program.

I understand and agree that "RIDERS RIDE AT THEIR OWN RISK", and freely and voluntarily assume and accept all risk.

| Rider Name | |
|---|---------------------------------------|
| Address | |
| | zip |
| Phone Number | email |
| Rider Signature | Age |
| The Signatures of both parents and all Legal Guardians at | re required for riders under 21 years |
| Parent/Guardian name (printed) | date |
| Parent Signature (required for riders under 21 years) | |
| Parent/Guardian name (printed) | date |
| Parent Signature (required for riders under 21 years) | |
| Emergency Phone number | |