

WNYDA Pro Bono Junior/Young Rider Clinic at Houghton College Equestrian Center

Saturday September 28, 2019, 9:00 a.m. – 5:00 p.m.

Registration Opens: July 15, 2019 – Registrations received prior to that will not be accepted

Registration: include a check for \$25 rider fee (to be returned at clinic check-in) and/or \$5 audit fee made to WNYDA for registration fee. Mail to: Kimberly Blaszak - 965 Gabbey Rd, Corfu, NY 14036 / (716) 481-7367 / kimberlyblaszak@yahoo.com / Email registrations are accepted, but a check to hold spot must be received within 48 hours

Name _____ Age as of 1/1/2019 _____

Address _____ City _____ Zip _____

Phone (____) _____ - _____ email: _____

Riding or Auditing - CHECK ONE: RIDER (\$25, returned at check-in) _____ AUDITOR (\$5 Fee) _____

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

Name of Instructor you currently ride with _____

List any previous dressage experience or education _____

All lessons are 45 min privates. You'll be assigned a lesson time as close to your preference as possible.

Limited number of stalls available for \$30 for the day. Send separate \$30 check made to "WNYDA" to reserve a stall. Stall fee is non-refundable, unless there is a waitlist and the spot is filled.

Complimentary beverages & baked goods available at the clinic for participants & registered auditors.

Lunch may be purchased at the campus dining hall or at the SubWay, 3 Bums Pizza, or China Star restaurants in town in Houghton. WNYDA logoware will also be available for purchase at the clinic.

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.

We have an amazing group of fantastic dressage instructors with a wealth of knowledge and experience in teaching, coaching and competing who are donating their time for this clinic: Judy West, Dru Malavase, Jo-Anne Young, Celeste Kenney, Trish Hutchinson, and Kait Webster!

RELEASE OF LIABILITY ON THE BACK 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 (Houghton College). 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 (Houghton College). 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 (Houghton College) 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 (Adult responsible while on ground for horse ridden in clinic) DATE

