

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

Saturday October 13, 2018, 9:00 a.m. – 4:00 p.m.

Registration: include a check for \$25 rider fee (\$5 audit fee) made to WNYDA for registration fee.

Mail to Jo-Anne Young, 9823 School Farm Road, Houghton, NY 14744

(716-698-9708 or email: joanne.young@houghton.edu)

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Phone(_____) _____ - _____ email: _____

Riding or Auditing, check ONE: RIDER(\$25)____ AUDITOR (\$5 fee, returned at check-in)____

List any previous dressage experience or education _____

Please number lesson times you prefer in order of your preference. All lessons are 45 minute privates. You will be assigned a lesson time as close to your preference as possible.

9:00a.m.____ 9:45a.m.____ 10:30a.m.____ 11:15a.m.____ Noon____ 12:45p.m.____
1:30p.m.____ 2:15p.m.____ 3:00p.m.____

Limited number of stalls available for \$30 for the day. Send separate \$30 check made to “Houghton College” to reserve a stall. Stall fee is not refundable, unless there is not a stall available.

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 be available for purchase at the clinic.

At the clinic for your lesson, 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, give the clinic manager written statement from your doctor or veterinarian of physical reason you & your horse cannot attend at least 48 hours prior to the clinic, & your registration check will 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 in 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: Rikki Bruckman, Abby Fulmer, Carol Heckman, Susan Kelley, Dru Malavase, and Judy West!

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 GAINST 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