



Rider / Auditor Entry Form

Clinic : **Shawn Filley-Fennessey**
 Clinic Date: **May 15, 2010**
 Closing Date: **May 8, 2010**

Hosted by: Bay Ridge Farm,
 5474 Effie Drive, Apopka, Florida

Office Use Only (Items Completed):	
Form:	_____
Coggins:	_____
Photo Release	_____
Liability Release:	_____
Fees Paid:	
Rider	_____
Stall	_____
Auditor	_____

All completed paperwork, forms, coggins, and signatures, and payments must be postmarked by May 8, 2010. Entries received after closing date, 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: _____
 Participant's Date of Birth: Month ____ Day ____ Year ____ CFD member? Yes ____ No ____
 Horse's Name/Age/ Breed: _____ Age: _____ Breed: _____
 Emergency Contact: Name _____ Phone _____

FEES: Check Options:

- | | |
|--|--|
| <input type="checkbox"/> CFD Member Private: \$60 | <input type="checkbox"/> Non-Member Private: \$70 |
| <input type="checkbox"/> CFD Member Semi-Private: \$40 | <input type="checkbox"/> Non-Member Semi Private: \$45 |
| <input type="checkbox"/> CFD Member Auditor fee: \$10 | <input type="checkbox"/> Non-Member Auditor fee: \$15 |
| <input type="checkbox"/> Stall Fee Day: \$15 | <input type="checkbox"/> Stall fee Overnight: \$25 |

*If semi-private rider, you must find other rider you are pairing with. Riders must be of similar level.
 If your riding partner does not sign up or ride in clinic, you are responsible for private session fee:*

Indicate other rider for Semi-Private: _____

Stabling Preferences: _____

Groom Name or Other Requests: _____

Rider Fee: _____
 Auditor Fee: _____
 Stall Fee: _____
 Total: _____

Make Check Payable to: Central Florida Dressage

Mail entries to: Diane Delmain 7601 Della Dr. Suite 17, Orlando, FL 32819

***** A current copy of the horse's coggins and payment must accompany entry form*****

PHOTOGRAPH AND VIDEO RELEASE:

I authorize and provide permission for Central Florida Dressage, Inc and related entities to use or provide for publication photographs or video taken of me, my horse, or my representatives at this event in any type of media including websites and printed material. I understand I will not be paid or compensated for providing this authorization. Signing this authorization is no guarantee 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