



Refer to Clinic Flyer for the following information.

Clinic: _____

Date: _____

Hosted by: _____

Auditor Entry Fee:

CFD Member _____

Non-Member _____

Auditor Fee:

Refer to Clinic flyer for Fee Information

(ALL FIELDS ARE REQUIRED FOR COMPLETE REGISTRATION)

Name: _____

Phone Number: _____

Are You a CFD member? Yes _____ No _____

Emergency Contact: Name _____ Phone _____

Your check made payable to "Central Florida Dressage Inc" must accompany this form. Please mail to:

Camille Brinkman
25442 Mc Dowell Ct
Sorrento, FL 32776

SEATING WILL NOT BE PROVIDED – PLEASE BRING YOUR OWN CHAIR

Auditor fees are non-refundable unless the event is cancelled.

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: _____

(COMPLETE THE FOLLOWING ONLY IF SIGNING ON BEHALF OF A MINOR)

Relationship to Participant: _____ Signer's Date of Birth: _____
(Month/Day/Year)