



Rider/Auditor Entry Form
A Ride-A-Test Clinic with Dee Loveless
Clinic Date: Saturday, January 5, 2019
Closing Date: Tuesday January 1, 2019
Venue: Whippet Run Farm
 12910 West Highway 328
 Ocala, FL 34482

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

All completed paperwork, entry form, release, coggins, signatures, and payments must be **received by January 1, 2019**. Entries received after closing date, or incomplete or non-paid entries, will be considered on an as available basis and incur a \$10 incomplete/late fee.

ALL FIELDS ARE REQUIRED FOR COMPLETE REGISTRATION

Participant's Name: _____
 Participant's Address: _____
 Participant's Phone Number: _____ Email Address: _____
 Emergency Contact Name: _____ Phone No: _____
 Participant's Date of Birth: Month ____ Day ____ Year ____ CFD member? Yes ___ No ___
 Horse's Name (if riding in clinic): _____ Age: ____ Breed: _____ Size: _____ Sex: ____

Fees - Check Options: <input type="checkbox"/> CFD Member Rider: \$95 <input type="checkbox"/> Non-member Rider: \$105 <input type="checkbox"/> CFD Member Auditor: \$ 5 <input type="checkbox"/> Non-member Auditor: \$10	Rider Fee _____ Auditor Fee _____ Late Fee _____ Total Paid _____
2019 Test to Ride : _____ Stabling or Other Requests: email dee at deeloveless@yahoo.com	

Completed and signed Whippet Run Farm Release must accompany entry form.	Clinic max is 8 riders.
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Make check payable to: **Central Florida Dressage Inc.**
 Mail entries to: **Dee Loveless** 12910 West Highway 328, Ocala, FL 34482
Email questions to: Deeloveless2@yahoo.com

***** PAYMENT MUST ACCOMPANY ENTRY FORM** and if riding in Clinic: **A CURRENT* COPY OF HORSES'S COGGINS,**
*** Coggins dated within a year of clinic date - Entry fees are non-refundable unless event is cancelled -**

PHOTOGRAPH AND VIDEO RELEASE: I authorize and provide permission for Central Florida Dressage Inc, and related entities, to use or provide for publication, in any type of media including websites and printed material, photographs or video taken of me, my horse, or my representatives at this event. I understand that I will not be paid or compensated for providing this authorization. Signing this authorization is not a guaranty that 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)