



Registration Form
Rein In Your Brain Workshop
With Janeane Reagan
Clinic Date: Saturday, August 24, 2019 1-4pm
Closing Date: Saturday, August 17, 2019
Silver Sands Bridle Club
625 County Rd 415, New Smyrna Beach, FL

Office Use Only (Items Completed):
Form: _____
Photo Release: _____
Liability Release: _____
Fees Paid:
Workshop _____
Check # _____
Paypal _____

Completed entry form must be postmarked by Saturday, August 17, 2019.

Contact: Susan Croft – susancroft@mac.com

ALL FIELDS ARE REQUIRED FOR COMPLETE REGISTRATION

Participant's Name: _____

Participant's Address: _____

Participant's Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ Phone _____

Entry Fees:

CFD Member \$39

Non-Member \$49

Fee includes training material and must be accompanied with entry form.

Make check payable to: Central Florida Dressage, Inc.

Mail to: Susan Croft
33810 Cardinal Lane
Eustis, FL 32736

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: _____

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

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