

IDCTA Dressage Rider Entry Form



Kristi Wysocki Clinic
March 31, April 1-2, 2017



Completed entries must be received by 3/15/17. Riders will be chosen based on level and IDCTA membership. IDCTA members will have priority over non-members. If multiple entries are received for the same level, riders will be chosen through a lottery. Riders will be notified by phone or e-mail. For information regarding this clinic, see the ad in the Scribe or go to www.IDCTA.org.

Name _____ Phone _____
Street _____ Email _____
City, State, Zip Code _____
Horse's Name _____ Gender _____ Breed _____ Age _____

Rider's Level _____ Horse's Level _____
Biography _____

Rider cost: \$420 for IDCTA members; \$470 for non-members. The cost includes lecture and dinner on Friday, 1 ride on Saturday and 1 ride on Sunday and lunch both days for rider and 1 groom.

IDCTA Member # _____ Total amount enclosed: _____

Mail this form, a check made out to IDCTA and negative coggins to:
[Cindy Lambert, 706 Wheeling Road, Prospect Heights, IL 60070 \(847-394-2090\)](mailto:Cindy.Lambert@IDCTA.org)

Horse health requirements: (1) negative coggins (dated within 1 year of date of clinic); and (2) a health certificate with proof of Equine Influenza and Equine Herpes vaccines (dated within 30 days of the date of the clinic).

Stabling Needs: Arrival Date/Approx. Time: _____
Departure Date/Approx. Time: _____

Cost of stabling is \$30 per day for the clinic (need to bring your own shavings). The stabling cost should be paid directly to Stonehedge Farm.

ALL PARTICIPANTS MUST SIGN THE FOLLOWING RELEASE & AGREEMENT* WARNING: Under the Equine Activity Liability Act, each participant who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of Equine Activity. I understand that this is a high-risk sport and I am participating at my own risk. I hereby release and hold harmless the IDCTA, the hosting farm, its owners and employees, attendants, spectators, the clinician and all others involved from all liability for accidents, damage, injury, or illness sustained or caused as a result of my participation in this clinic.

*AGREEMENT: As a participant in an IDCTA insured event, I agree to wear an ASTM approved helmet while mounted.

Participant Signature: _____ Date: _____
Participant or Parent/Guardian if under 18