

2017 WPDA ADULT CLINIC APPLICATION

**September 22nd, 23rd, & 24th (Friday – Sunday)
(Move-in day is Thursday, September 21st)
Rockin' V Farms, McDonald, PA**

Clinic coaches: Nicky Vogel and Jontelle Forbus

**Please include payment (checks made payable to WPDA) and proof of current negative
Coggins**

**Mail to: Karen Puchalsky
43 Fox Pointe Drive
Pittsburgh, PA 15238
Phone: 412-953-0752
Email: kpuchalsky@aol.com**

WPDA Members –

**Opening date: July 1, 2017
Closing date: August 1, 2017 (or when full)
Clinic fee: \$475**

Non-WPDA Members–

**Opening date: July 15, 2017
Closing date: August 1, 2017 (or when full)
Clinic fee: \$515**

Refunds only if your slot can be filled

- Fee includes stabling, five lessons, two lectures and (human) meals
- Participants are responsible for providing horse's meals and daily stall cleaning
- A complete move-in packet will be sent to those who are accepted

RIDER INFORMATION:

Name_____

Address_____

City_____ **State**_____ **Zip**_____

Phone#_____ **Email:** _____

Age_____ **WPDA Member Y/N** _____

Level of riding_____

If showing – What Level are you planning to show this year? _____

What should we know about you regarding your health, fitness level, possible hindrances related to participating in camp, etc.?

HORSE INFORMATION:

Name_____

Barn name_____

Age_____Height_____Breed_____

Color _____ Mare_____ Gelding _____ (check one)

No Stallions Please

Level of training_____

Level of showing_____

What should we know about your horse regarding health, fitness level, special care needs, stall vices, etc.?

Briefly, what do you hope to accomplish during this clinic?

I hereby agree to release, indemnify and hold harmless WPDA, its instructors, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this event or related activities. I also hereby agree to release, indemnify and hold harmless the facility, the committee chair and members, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this event or related activities.

Federation Entry Agreement Effective

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the Event. I agree to be bound by the Bylaws and Rules of the Federation and of the event. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the Competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the event may use or assign photographs, videos, audios, cable-casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the event for the promotion, coverage or benefit of the event, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

Federation Release, Assumption of Risk, Waiver, and Indemnification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this event to the following:

I AGREE that "the Federation" and "Event" as used herein includes the Licensee and Event Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.

I AGREE that I choose to participate voluntarily in the Event with my horse, as a rider, driver, handler, vaultor, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Event involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm")

I AGREE to hold harmless and release the Federation and the Event from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results resulted, directly or indirectly, from the negligence of the Federation or the Event.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Event.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and the Event and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Event. I have read the Federation Rules about protective equipment, including GR801 and if applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

I AGREE that if I am injured at this event, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this event. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER/HANDLER SIGNATURE (MANDATORY): _____ **PRINT NAME:** _____

RIDER EMERGENCY CONTACT INFORMATION

NAME OF CONTACT/RELATIONSHIP: _____ **PHONE:** _____