

# IDCTA Dressage Rider Entry Form



**George Williams Clinic**  
**April 28-29, 2018**



**Completed entries must be received by 4/15/18.** 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](http://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:** \$525 for IDCTA members; \$600 for non-members. The cost includes 1 ride on Saturday, 1 ride on Sunday and lunch each day for rider and 1 groom.

IDCTA Member # \_\_\_\_\_ Total amount enclosed: \_\_\_\_\_

**Mail this form, a check made out to IDCTA and the 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); and (2) a 30-day health certificate; and (3) a vaccination and deworming record certifying all of the following: (a) Influenza and Rhinopneumonitis vaccinations within the last 6 months; and (b) Potomac Horse Fever, Strangles, E & W Encephalomyelitis, West Nile and Tetanus vaccinations within the last 12 months; and (c) proof of deworming within the last 60 days and the brand of dewormer given.

Stabling Needs: Arrival Date/Approx. Time: \_\_\_\_\_  
Departure Date/Approx. Time: \_\_\_\_\_

**Cost of stabling is \$90 for 3 days (4/27/18 to 4/29/18), in straw. Add \$30 for shavings.**  
**Stabling cost should be paid directly to Tempel Farms.**

**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