

IDCTA Dressage Rider Entry Form



Lilo Fore Clinic
June 25-26, 2018



Completed entries must be received by 6/18/18. 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.

| | |
|-----------------------------|------------------------------------|
| Name _____ | Phone _____ |
| Street _____ | Email _____ |
| City, State, Zip Code _____ | |
| Horse's Name _____ | Gender _____ Breed _____ Age _____ |
| Rider's Level _____ | Horse's Level _____ |
| Biography _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

Rider cost: \$395 for IDCTA members; \$440 for non-members. The cost includes 1 ride on Monday, 1 ride on Tuesday 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 below horse health requirements to: Cindy Lambert, 706 Wheeling Road, Prospect Heights, IL 60070 (847-394-2090)

Horse health requirements for Silverwood Farm:

- for horses who attend the IDCTA show June 23-24: none
- for horses only attending the clinic: (1) negative coggins (dated within 1 year); and (2) a 30-day health certificate with proof of Equine Influenza and Equine Herpes vaccines

Cost of stabling: \$25/night if attending the IDCTA show June 23-24; \$30/night if only attending the clinic. Bedding is not included (shavings are \$9/bag). The cost of stabling should be paid directly to Silverwood Farm.

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

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