



# DRESSAGE CLINIC ENTRY FORM



*Fees and proof of Negative Coggins result must accompany form. Make checks payable to IDCTA. IDCTA members, those participating in all days of the clinic and those that have volunteered to the equestrian community will be given first priority. Riders will be notified by phone or e-mail. For information regarding a specific clinic, see the ad within the Scribe or go to [www.IDCTA.org](http://www.IDCTA.org).*

Clinic Name/Dates \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Horse's Name \_\_\_\_\_ Gender \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Rider's Level \_\_\_\_\_ Horse's Level \_\_\_\_\_

Volunteer Activities/Biography \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Departure Date/Approx. Time \_\_\_\_\_

Haul-in Only: Yes \_\_\_\_\_ No \_\_\_\_\_

IDCTA Member # \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

**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 \_\_\_\_\_  
(Parent/Guardian if under 18)

Date \_\_\_\_\_

Owner Signature \_\_\_\_\_  
(If different than participant)

Date \_\_\_\_\_