



Dancing Horse Dressage & CT

USDF Group Member Organization #329

Mathew McLaughlin Dressage Clinic Registration Wickham Park, 2500 Parkway Drive, Melbourne, FL 32935 September 24, 2016

Rider's Name: _____

Address _____

Home Phone _____ Cell: _____ email: _____

Horse's

Name: _____ Breed _____ Age _____ G M S

Current Training Level: _____

Trailing with: _____

Preferred ride time: AM PM

Please check choice - Preferences will be considered but not guaranteed

Private Session (45 Min)

DHD Member: \$85 _____

Non-DHD Member: \$100 _____

Stall (Optional)

\$25 _____

Total Fees: _____

checks payable to: Dancing Horse Dressage & CT

Remember to include a current copy of Coggins test for each horse.

Mail payment and registration to:

Chase DeMarco, 2833 Campus Circle, Melbourne, FL

Registrations must be received no later than September 14, 2016 to guarantee a ride time.

Questions please call: Chase DeMarco - 321-536-6345

You will receive your ride time via email no later than September 19, 2016. Refunds will only be allowed if your spot can be filled prior to the clinic. This is a two page form; please include the Liability form that follows which must be signed before a rider can participate. All riders must wear an ASTM approved safety helmet when mounted.

Equine Activity Sponsor Release

Know all men by these presents, that the signers of the document (hereafter referred to as "Participant"), desire to engage in and does hereby engage in the following equine activity, to wit: **Dancing Horse Dressage & CT** dressage clinic, located at Wickham Park in Melbourne, FL.

For and in consideration of the above activities, services and entry fees paid, receipt and sufficiency of which is hereby acknowledged, Participant hereby does forever and finally release, remise, acquit, satisfy and forever discharge the Equine Activity Sponsor of and from all manner of action and actions, cause of action, suit, debts, dues, sums of money, bonds, billing contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims and demands whatsoever, in law or in equity, which may arise or might in the future arise or herein after may arise for or against the Equine Activity Sponsor for the activities as stated above.

This document is meant to be a full and complete release from any and all liability that may arise from participation in the above-described equine activity. This release is given freely and voluntarily by the Participant and is meant to remain in existence throughout the duration of the equine activity.

Warning – under Florida Law, any equine activity sponsor or equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of the equine activities.

Dated this _____ day of _____, 20__

Participant _____

Legal guardian: _____
(if participant is a minor child)

Horse Owner: _____
(if different from participant)