

DHD & CT Presents a Two Day Ride a Test Clinic



Dressage Clinic Registration

(one registration form per horse/rider combination)

LOCATION: Wickham Park, 2500 Parkway Drive, Melbourne, FL 32935

DATES: Saturday, May 15 & Sunday, May 16

CLINICIAN: Micah Deligdish

Rider's Name: _____

Address: _____

Phone: _____ **email:** _____

Horse's Name: _____ **Breed** _____ **Age** _____ **G M S**
(circle one)

Saturday, May 15

Specify Test: _____

Preferred ride time: AM PM

Please check choice - Preferences will be considered but not guaranteed

Sunday, May 16

Specify Test: _____

Preferred ride time: AM PM

Please check choice - Preferences will be considered but not guaranteed

DHD Member \$75 per test _____

Non-DHD Member \$95 per test _____

Horse Stall (Optional) \$25 per day _____

No overnight accommodations.

Exhibitor must provide stall bedding and must leave stall clean.

TOTAL _____

checks payable to: Dancing Horse Dressage & CT

Remember to include a current copy of horse's Coggins test.

Mail payment and registration to:

Sonya Reed, 2405 Green Street, West Melbourne, FL 32904

Registration must be received no later than May 3, 2021 to be scheduled.

Complete registrations will be prioritized based on date received.

Questions please call: Sonya Reed (321) 917-6911

You will receive your ride time via email no later than Wednesday, May 12. Refunds will only be allowed if your spot can be filled prior to the clinic. This is a two page form; please include the Waiver and Release of Liability form that follows which must be signed by all applicable parties before a rider can participate. All riders must wear an ASTM approved safety helmet when mounted.

WAIVER AND RELEASE OF LIABILITY,

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of Dancing Horse Dressage & CT dba DHD & CT allowing me, the undersigned, to participate in any capacity (including as a rider, handler, owner, agent, coach or trainer) in a DHD & CT sanctioned or approved event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors,, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the “**Agreement**”):

A. **RULES AND REGULATIONS:** I hereby agree to be bound and abide by the rules, regulations, and policies of DHD & CT as published .on the website at <https://dancinghorsesdressage.org/>, as amended from time to time.

B. **ACKNOWLEDGMENT OF RISK:** I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any DHD & CT Event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the DHD & CT Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers (“Risks”).

WARNING:

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

C. **ASSUMPTION OF RISK:** I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the DHD & CT Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any DHD & CT Events. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any DHD & CT Event.

D. **WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY:** In conjunction with my participation in any DHD & CT Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: DHD & CT members, Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, licensee, and competition managers; the promoters, sponsors, or advertisers of any DHD & CT Event; any charity or other beneficiary which may benefit from the DHD & CT Event; the owners, managers, or lessors of any facilities or premises where a DHD & CT Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (**Individually and Collectively, the “Released Parties” or “Event Organizers”**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature (**“Liability”**) which may arise out of, result from, or relate in any way to my participation in the DHD & CT Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

E. **COMPLETE AGREEMENT AND SEVERABILITY CLAUSE:** This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor’s) participation in any DHD & CT Event. If, despite this Agreement, I, or anyone on my behalf or the minor’s behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

RIDER/HANDLER (mandatory)

Signature: _____

Print Name: _____

TRAINER (if applicable)

Signature: _____

Print Name: _____

OWNER/AGENT (mandatory if different from Rider/Handler)

Signature: _____

Print Name: _____

COACH (if applicable)

Signature: _____

Print Name: _____

Parent/Guardian Signature: (Required if Rider/Handler is a minor) _____

Print Parent//Guardian Name: _____ Emergency Contact /Phone No. _____