



## **ENYDCTA INSTRUCTOR CAMP RETREAT ENTRY FORM**

Rider's Name: \_\_\_\_\_ Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you an ENYDCTA member?  Yes  No

USDF Certified Instructor  Professional  Adult amateur

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M G S Breed: \_\_\_\_\_

Level: \_\_\_\_\_

Fees:  \$275 Member  \$325 Non Member  \$50 Stabling

Please make all checks payable to "ENYDCTA, Ltd." or by credit card:

MasterCard  Visa Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Stabling: (Bedding included)  \$50 weekend

Friday Night arrival  Saturday arrival

*Please include a separate check made payable to "Aering Green Equestrian Center" for stabling.*

*With great honor, ENYDCTA is able to host this Retreat with the Max Gahwyler grant from The Dressage Foundation.*

GENERAL RELEASE- I agree to hold all property owners of Aering Green Equestrian Center, any of the officers, officials, and/ or volunteers of ENYDCTA, and any and all employees of the above listed facility, free from any claim of whatever nature that may be occasioned by the horses exhibited by me, and to repay property owners on demand for all damages that they may sustain by any reason of any claim or demand occasioned as aforesaid. I further agree to wear an appropriate protective helmet at all times when riding in this clinic.

Rider's Signature/Date: \_\_\_\_\_

Parent/Guardian Signature (if rider is a minor)/

Date \_\_\_\_\_ Owner (if different)/Date:

\_\_\_\_\_ Person to contact in

case of an emergency \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL RELEASE (Adult Rider): If emergency medical care is required for myself, and if I or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I have read this entire release and agree to it.

Signature/Date: \_\_\_\_\_

MEDICAL RELEASE (Minor): If emergency medical care is required for (child's name) \_\_\_\_\_ and if permission is not available in a timely manner, then the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I have read this entire release and agree to it.

Signature of Parent/Guardian and Date: \_\_\_\_\_

Clinician/Management/Organizer reserves the right to refuse any entry. Cruelty to or the abuse of a horse by any person at an ENYDCTA competition is forbidden. Clinician/Management/Organizer may bar violators from further participation for the remainder of the competition/clinic. Behavior considered to be abusive includes but is not limited to: • Excessive use of a whip on any horse in a stall, runway, schooling area, show ring, or elsewhere on the competition/clinic grounds, before or during a competition/clinic, by any person. Any striking of the horse's head (on the poll and forward of the poll) with the whip shall be deemed excessive. • Inhumane treatment of a horse in a stall, runway, school area, show ring, or elsewhere on the competition/clinic grounds by any person. Any action(s) against a horse by a competitor, exhibitor, or any person which are deemed excessive by Clinician/Management/Organizer, in the ring or anywhere on the competition/clinic grounds may be punished by warning or elimination, as deemed appropriate by the Clinician/ Management/Organizer.

Mail Form, Payment (payable to ENYDCTA, Ltd.), and Coggins & vaccine history to:  
Cody Moore |3444 County Hwy 11 | Hartwick, NY 13348 | zemifarm@gmail.com | 585.797.7256