

IDCTA Dressage Rider Entry Form



Debbie McDonald Clinic
November 18-19, 2017



Completed entries must be received by 11/1/17. 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 _____ nder _____ Breed _____ Age _____

Rider's Level _____ Horse's Level _____
Biography _____

Rider cost: \$575 for IDCTA members; \$650 for non-members. The cost includes 1 ride on Saturday and 1 ride on Sunday, stabling with Accredo Farms, Inc. at Sunflower Farms, 1 bag of shavings and lunch both days for rider and 1 groom.

IDCTA Member # _____ Total amount enclosed: _____

Horse health requirements: (1) negative coggins (dated within 1 year of date of clinic); and (2) a health certificate with proof of Equine Influenza and Equine Herpes vaccines (dated within 30 days of the date of the clinic).

Mail this form, a check made out to IDCTA and negative coggins to:

[Cindy Lambert, 706 Wheeling Road, Prospect Heights, IL 60070 \(847-394-2090\)](mailto:Cindy.Lambert@idcta.org)

Stabling: Accredo Farms, Inc. at Sunflower Farms, 19000 128th Street, Bristol, WI 53104
[Cost of stabling is included in the rider cost, and 1 bag of shavings. On Sunday, you will need to strip your stall.](#)

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

