

WCDEA RIDE-A-TEST CLINIC

With Kim Roe, Clinician
Sunset Farm Equestrian Center
7981 Blaine Rd. – Blaine WA 98230

Sunday May 23, 2010

Clinic Chairperson: Deborah Highley (360)201-8587

Come join us for an informative day of learning how to develop your test riding skills. The format is in three segments: 1. You will ride your first test. 2. The judge will then spend approximately 20 minutes instructing you on how to ride your test more effectively for a better score. 3. You will ride the same test again with the goal of having a better understanding of what the judge is looking for.

Auditors welcome. Please bring your own chair.

Entries close May 19, 2010. Entries must be signed and include full payment.

Limited number of rides, determined by the date of entry. Entries are refundable prior to the closing date.

No refunds for cancellations after closing date UNLESS your spot can be filled from a waiting list!

Riding times will be phoned or emailed to you as soon as possible after closing.

Helmets and boots required when mounted. Schooling equipment allowed, boots and polo's OK.

Clinic will be held in an indoor arena. Please clean up around your trailer.

No smoking on the property. No dogs, please.

Rider Name _____

Horse Name _____ E.I.# _____

Address _____ Phone # _____

City _____ State _____ Zip _____

E-Mail address (please print clearly!) _____

Test(s) to be ridden _____

Liability Release:

This entry at this clinic shall constitute an agreement and affirmation that all participants (which include, without limitation the owner, lessee, trainer, manager, trainer, agent, coach, rider and handler of the horse) for themselves, their principles, representatives, employees and agents: 1. Shall be subject to the rules of this clinic. 2. Represent that every horse and rider is eligible as entered. 3. Agree to be bound by the rules of this clinic. 4. Agree that they participate voluntarily in the clinic, fully aware that horse sports and the clinic involve dangerous risk of serious injury or death, and by participating, they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold harmless WCDEA, Whatcom County Parks, et al, their agents, employees or anyone acting as their agent, the clinic and it's officials, directors, volunteers and agents, from and against all claims including any injury or loss suffered during or in connection with the clinic, whether or not such claim, injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, or agents of the clinic.

Permission for minor to show: I hereby consent to the entry of my child _____ in this Ride-A-Test clinic, and certify that I have read the foregoing representations and that this may be deemed a part hereof, and I hereby accept responsibility for the participation of said minor.

Signature: _____ PrintName: _____

(Parent/guardian if rider is a minor)

Make Checks payable to: WCDEA

Mail to: Deborah Highley

2930 Newmarket St. Ste. 111

Bellingham, WA 98226

\$35 Both WCDEA/E.I. Members

\$45 non members