

2024 Fall Dressage Clinic with Jamie Lawrence-Slocum Registration Form

Rider or Auditor Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Phone: _____ Emergency Phone: _____

Email: _____

Horse's Name: _____ Breed: _____ Color: _____ Age: _____ Sex: _____

Current level: _____ Competing: Yes No

Rider's Guest: _____ Guest Phone: _____

Guest Email: _____

45-minute private lessons: \$125 for CDCTA members/\$145 for non-members ([Join CDCTA](#))

Auditor Fee: \$10 per day

Stabling Options: \$25 per day (FIVE 12x12 stalls / TWO 15x15 covered pens) Preference given to riders riding both days, FCFS.

*Stalls have rubber mats and light shavings, if need deeper bring more. The pens will have one triple thick mat in each pen you may add shavings.

Stalls could be available Friday with advanced notice, and you may have to help with the clinic preparations 8-)

Payment Options: Make checks payable to Dapplewood Farms / VenMo@SummitVet / PayPal

Friends/Family: summitvet08@yahoo.com

Refunds given less a \$25 cancellation within 10 days of event.

RSVP: YES NO for Saturday Evening BBQ – Bonfire & S'Mores! BYOB and side or dessert to share (for paid riders and auditors only).

Contact information: Stacey Bates 197 Hickory Ln. Holts Summit, MO 65043 cell 573-694-2648 (before 8pm) summitvet08@yahoo.com

All participants, including auditors, 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 CDCTA, Dapplewood Farm and Summit Veterinary Services, 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 participating in this clinic.

As a participant in an CDCTA insured event, I agree to wear an ASTM approved helmet while mounted.

Participant Signature _____ Date _____
(Parent/Guardian if under 18)

Guest's Signature _____ Date _____
(Auditors must sign and owner if different than rider)