



Dolly Hannon Ride and Review

Sunday, July 8, 2018

Chalice Farms

9390 Orchard Ave. SE, Port Orchard, WA 98367

Note: We expect this clinic to fill very quickly; registrations accepted on a first-come basis. Once clinic is full, all other registration forms will be returned to applicant.

Name: _____ ODS#: _____

Address: _____

Horse: _____

Email Address: _____ Phone: _____

What test would you like to ride? _____

Do you have an area that you would primarily like to work on? _____

Do you require overnight stabling? _____ If Yes, contact Lea for options.

(All above fields are REQUIRED. An entry will be declined if not completely filled in and legible.)

Cost for Clinic is \$100 for a 45 minute ride, and limited to 10 riders.

Make checks payable to: Lower Puget Sound Dressage Club

Entries must be received no later than Tuesday July 3rd. Send registration and payment to:

Lea Wilson

9390 Orchard Ave. SE

Port Orchard, WA 98367

Questions? Contact Lea Wilson at 206-718-7662 or email chalicefarms@gmail.com

*****SIGN RELEASE FORM ON SECOND PAGE*****

RELEASE FORM:

Releasor desires to engage in equine activities sponsored by or in which Releasor will be using equipment, facilities, and/or premises furnished by, Releasee. Releasor understands there are inherent dangerous risks of serious injury or death in equine activities, and as a condition of participation in equine activities, Releasor (individually and for his/her heirs, executors, assigns, invitees, and minor children) waives the right to bring, and releases Releasee and Releasee’s administrators, agents, officers, directors, employees, predecessors and successors-in-interest, and any other persons or entities united in interest with Releasee from any and all manner of actions, suits, claims for relief, demands, and any other obligations, known and unknown, suspected and unsuspected, in law or equity, direct or indirect, and whether now or in the future, for any injury, loss, or death arising out of or connected in any way with riding, training, driving, boarding, grooming, or riding as a passenger upon an equine. If for any reason any provision of this release is determined to be invalid, the remainder shall continue in full force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual, not a mere recital.

Releasee: Oregon Dressage Society, Inc., Lower Puget Sound Dressage Club, Starr Valley Farm

Releasor: the undersigned rider, parent or consenting adult on behalf of minor, trainer, owner, or agent of aforementioned.

By signing below, I ACKNOWLEDGE that I have read and understood this release, and I AGREE to be bound by it and all applicable ODS rules.

X _____
Participant **Date**

I hereby consent to the entry of my child in this show and certify that I have read the foregoing representations and statement, and that the same may be deemed a part thereof, and hereby accept responsibility there under for the participation of said minor.

X _____
Signature of Parent or Guardian **Date**

To secure a spot in the clinic, you must submit a non-refundable deposit for the full amount of your lesson costs. **Note: If you cannot ride, for any reason, you must either find a replacement or forfeit your deposit.**