

2024 LPSDC MUSICAL FREESTYLE CLINIC

WITH
KAREN
ROBINSON
OF APPLAUSE
DRESSAGE

APPLAUSE DRESSAGE
freestyles that work and play



at Skyreach Equestrian

[REGISTRATIONS THROUGH StriderPro.com](https://www.StriderPro.com)

Limited to 10 riders so register now!

**Price for the weekend: \$500 LPSDC member
\$550 Non-Member
Audit: \$20/day \$30/Weekend**

**Put Your Dancing Shoes On and come boogie with
your horse!**

The \$550 fee includes Music selection (day 1) and
Choreography (day 2), and an opportunity to connect
with your equine partner through music.

You are not required to create a musical freestyle with
Karen, however if you want to dance with your horse in
the show ring next year this is a great place to start
and get the process rolling! Rates for a fully developed
freestyle are located on Karen's [website](#).

May 18-19,
2024



The clinic will be held at
Skyreach Equestrian (Former
Summervale) in Roy, WA.

Stabling is available for \$60/night
includes 2 large bags of shavings

Haul-In \$20/day

LPSDC LIABILITY RELEASE WAIVER

(Please SIGN, SCAN and forward to Clinic Coordinator)

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.

I agree to indemnify, defend and hold harmless the Organization against any and all costs, expenses, damages, lawsuits and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released parties due to injury, loss or death from or related to COVID-19

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its content; that I am at least eighteen (18) years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same and free from any inducement or representation.

Releasee: Lower Puget Sound Dressage Club, Skyreach Equestrian. 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 LPSDC rules.

X _____
Signature of RIDER (Mandatory) **DATE**

X _____
Signature of Horse Owner or Authorized Agent **DATE**
(Mandatory if horse not owned by rider)

X _____
Signature of “Trainer” (Mandatory) **DATE**
(“Trainer” = Adult on grounds responsible for horse)

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**