



# Western Dressage & Obstacles Clinic & Schooling Show

**Register by June 30!**  
pre-registration is required  
for both clinic and  
show

Rider/Auditor	Participating Horse	
Name	Name	
Address	Age	Sex
City/State/Zip	Coggins & Rabies on File? <input type="checkbox"/>	
Phone	Included with this Form? <input type="checkbox"/>	
Email	Breed	
	Owner Name/Email if not the same as rider	

**Clinic** \*\* All horses must arrive at least 1 hour before the start of the clinic\*\*

Western Dressage & Obstacles Clinic - 2 days, taught by Cathy Drumm & Heidi Potter: includes breakfast, lunch & use of a day stall	<input type="checkbox"/> \$365
Clinic Auditor	<input type="checkbox"/> \$25 Saturday <input type="checkbox"/> \$25 Sunday

Stabling & Accommodations	GMHA Member	Non Member
Overnight stabling (bedding & stripping not included - leave broom clean. \$50 fine for dirty stall left behind)	<input type="checkbox"/> \$30 Fri. <input type="checkbox"/> \$30 Sat. <input type="checkbox"/> \$30 Sun.	<input type="checkbox"/> \$45 Fri. <input type="checkbox"/> \$45 Sat. <input type="checkbox"/> \$45 Sun.
Overnight accommodations in our ranch house on the grounds. Bunkhouse style with shared bathroom/kitchen. Bring your own linens/towels. Space and room choice are first-come, first-served.	<input type="checkbox"/> \$40 Fri. <input type="checkbox"/> \$40 Sat. <input type="checkbox"/> \$40 Sun.	
Hay & Shavings (delivered to your stall on your arrival day)	Shavings: \$10/bag # of bags: _____	Hay: \$10/bale # of bales: _____
	<b>Total Due:</b>	\$ _____

## Payment

**Refund Policy:** There are no refunds UNLESS your space can be filled from a waiting list or you can find someone to fill your spot.

Check Enclosed  Credit Card

Name on Card:

CC #	Exp. Date
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Signature

## Food Preferences

Although we can't guarantee that we can meet your preferences, we will certainly try if you make them known.

Vegan     Vegetarian     Gluten-Free

Other:

## Additional Rider Information Required

Do you have any physical, mental or emotional issues that would prohibit or inhibit your abilities to safely participate in any part of this event?

No  Yes If yes, please explain:

Are you on any medications that would prohibit or inhibit your ability to safely participate in any part of this event?

No  Yes If yes, please explain:

### INDIVIDUAL AGREEMENT AND WAIVER OF LIABILITY WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. section 1039.

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any harm occurs to my horse or myself or to any equipment that I may use or send to use, I will make no claim against New England Center for Horsemanship, Heidi Potter, Robert Potter, Cathy Drumm, the Green Mountain Horse Association, Inc. or any of the Officers, Directors, Trustees, Employees, Spectators and Volunteers. I further agree to hold the New England Center for Horsemanship, Heidi Potter, Robert Potter, Cathy Drumm, Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and Landowners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits, and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horses or attendants. I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

I agree that as a condition of acceptance of entry, GMHA may use photographs, videos, and or other likenesses of the participant and horse taken while at GMHA for the promotion, coverage, or benefit of this event and/or GMHA.

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**Signature of Rider**

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**Signature of Horse Owner**

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**Signature of Parent/Guardian (Required for Junior Riders under 18)**