

Two Day Jumping Clinic with **Markus Stock**

May 19th & 20th

At Journey's End Farm
124 Templin Road Glenmoore



Groups – All Levels welcome. Horse and rider combinations need to be comfortable jumping at their maximum height for the level. Will design groups according to experience on entry. Approximately, 4 - 5 riders per group. at Markus's discretion.

Friday – Flatwork Saturday – Grid and Course Lines

Markus welcomes the lower-level riders and horses, while welcoming the challenges needed by the upper-level groups. Come join us and learn to build a better base to help you move through the levels.

\$250/weekend

\$125/per ride

**Private Lessons will be available depending on scheduling.*

Stabling is available. One groom pass will be issued per entry. Negative coggins required within 12 months. No entry will be considered valid without coggins.

Refunds – Cancellations will be accepted prior to April 15, 2023, refunds less \$25. After April 15, 2023, no refunds, unless spot can be filled from waiting list.

Pre-purchased Auditor Pass - \$15/day - (\$5 more at the door)

Name _____ FCEA Member # _____

Address _____

Phone # _____ Email Address _____
(please print legibly)

Emergency Contact:

Name & Phone #: _____

Horse's Name _____

Level /Height _____

Highest level horse has competed? _____ Rider? _____

Name of groom: (Fri.) _____ (Sat.) _____

Special Requests:(Ride time, day, etc.) _____

Make checks payable to: FCEA
Send entries to:
 FCEA PO Box 335
 ELVERSON, PA 19520

| | |
|-----------------------|-----|
| Entry Fee | |
| Stabling \$40/night | |
| Auditor | |
| FCEA Grant (\$50/day) | () |
| Total | |

Alternate Entry Options

Online Entries available at EQENTRIES.com or StriderPro.com

Entry can be Emailed to KMK0906@aol.com with payment completed through PAYPAL - vpresident@frenchcreekdressage.org (ADD \$10 fee to total) OR VENMO @frenchcreekequestrian (ADD \$7.50 fee to total)

For more information or entry assistance - Michelle Thomas 484-300-1218

Liability Release

I understand and agree that entry into this clinic gives FCEA permission and right to use photographs of me, my child (if applicable), and/or my property and to use these for their respective websites, social media, and/or educational promotional materials. I further consent that my name and identity may be revealed therein or by social media tagging, descriptive text or commentary. Initials: _____

I enclose herewith a total of \$ _____ for the aforementioned entry, which is made at my own risk and subject to the conditions of the organizer and the sponsoring French Creek Dressage Association/French Creek Equestrian Association. I agree to abide by the rules which cover this event as set forth by the USA Equestrian.

I understand that this is a high risk sport, and that my participation in this activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity **I agree** to assume responsibility for those risks, and **I release** and agree to hold harmless the activity organizer, organizing committee, officials, the FCDA/FCEA, their officers, agents, employees and the volunteers assisting in the conduct of this FCDA/FCEA activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

SIGNATURE: _____ **Date:** _____

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)

Stabling and Emergency Information

Rider Information (please print legibly)

Rider Name: _____ Phone # _____

Horse Owner Name: _____ Phone # _____

In case of Rider Emergency Contact:
Name & Emergency Phone #: _____

In case of Horse Emergency Contact:
Name & Phone: _____

Veterinarian Info:
Name & Phone#: _____

Horse Information

Horse's name: _____ Breed: _____

Age: _____ Height: _____ Sex: _____ Color: _____

Any special info that should be known about your horse? _____

Date of negative coggins drawn in 2023 and send a copy with entry. _____

Date of Equine Influenza Virus and Rhinopneumonitis Vaccinations _____
(Must be dated within 6 months)

STABLING INFO

\$40/night – Bedding, water and morning feed dropped
\$25/day – day stall (no bedding or water) use during active clinic hours only.

Please indicate interest in stabling:

Overnight: dates: _____ estimated arrival time? _____

Day Stall: dates: _____

NOTE: You will be responsible for cleaning your own stall and filling water and adding bedding if needed. You will NOT have to strip the stall before you leave.

Day stall users: bring your own bucket and strip stall of hay and bedding. (if added)