

Two Day Jumping Clinic with **Mark Leone** May 6th & 7th At Journey's End Farm 124 Templin Road Glenmoore



Groups – Crossrails through 1.40m will be offered. Horse and rider combinations need to be comfortable jumping at their maximum height for the level. Approximately, 4-5 riders per group at Mark's discretion.

Saturday – Flatwork and Grids Sunday – Course Work

Mark 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.

\$260/weekend\$230/weekend for FCEA Members\$145/per ride\$125/rideFCEA membersPrivate 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 - \$25/day or \$40/weekend (\$5 more at the door) \$20/day or \$30/weekend - FCEA Members

Name		FCEA Member #
Address		
Phone #	Email Address	
Emergency Contact: Name & Phone #:		(please print legibly)
Horse's Name		
Level /Height		
Highest level horse has compe	eted?	Rider?
Name of groom: (Sat.)		(Sun.)
Special Requests:(Ride time	e, day, etc.)	

PAGES 1-3 OF APPLICATION MUST BE UPLOADED TO EQENTRIES.COM WITH ENTRY

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

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Alternate Entry Options

Online Entries available at EOENTRIES.com or StriderPro.com

Entry can be Emailed to <u>KMK0906@aol.com</u> 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 conductof 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

<u>Rider Information</u> (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 hor	se?	
Date of negative coggins drawn in 2023 and send a copy v		
Date of Equine Influenza Virus and Rhinopneumonit (Must be dated within 6 months)	is Vaccinations	
STABLING INFO		
\$40/night – Bedding, water and morning f \$25/day – day stall (no bedding or water)	••	
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)