

Rider Application

Lisa Wilcox Dressage Clinic



\$310/ride for non-members

\$275/ride for FCEA members

Rider Information *(please print legibly)*

FCEA Member# _____

Name: _____

Address: _____

Phone # _____ Email Address: _____

Rider's Highest level ridden: _____

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

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

FEES for lessons		Day s	Sat	Sun
Rider Fee(s)	Member	\$275/ride	\$	\$
	Non-member	\$310/ride		
FCEA \$50 Grants may submit 1/lesson/day			\$	\$
Checks payable to: French Creek Equestrian Assoc.		Total Enclosed	\$	

Horse Information

Horse's Name: _____

Level of Training: _____

Highest Level Shown: _____ Avg Score: _____

Breed: _____ Age: _____

My BIO and Goals for this Clinic: (attach separate sheet if needed): _____

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If necessary for rider selection, would you be able to send a video? yes no

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

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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 2022 and send a copy. _____

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)

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

Rider Information Sheet

Lisa Wilcox Dressage Clinic



- OTHER INFO:

****Members of FCEA receive priority when applying to the clinic****

NOTE: 2022 Membership Fees must be paid prior to sending application to be considered a member of FCEA

Clinic Info: Lunch, Snacks & Drinks provided for participants during the day.

Please bring a chair.

Appropriate schooling show attire is requested, braiding is optional.

Horses may wear boots or wraps.

Videotaping is allowed.

Rider is permitted to have one(1) groom in attendance at the clinic.

If you have any dietary concerns, please let us know.

Cancellation Policy: In case of rider cancellations, rides will be filled from the waiting list. If a replacement rider cannot be found, the clinic fee will be forfeited. Refunds if allowed, will be minus \$25 office fee.

Application Dates: Opening Date: 07/01/2022 Closing Date: 10/01/22(*received by*) Riders will be notified by 10/15/22 of application acceptance. Ride times will be posted on FCEA's website www.frenchcreekequestrian.com and the club's Facebook page www.facebook.com/frenchcreekequestrian

Enter online at EQEntries.com – MAKE SURE TO ATTACH THIS COMPLETED APPLICATION to submitted entry.

Send application & payments to:

Organizer
c/o French Creek Equestrian Assn
P.O. Box 335
Elverson, PA 19520

If you have any questions: Feel free to call Michelle at 610-469-0111/484-300-1218

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