



Clinic Entry Form – K.Clarke Equine – Riding Simulator ‘Blue’

Jan 18, 2026

Date: _____

Closed Date - 1/7/2026

PARTICIPANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- WHAT TO BRING (for riders)**
- Saddle (medium/wide or wide)
 - Helmet
 - Gloves
 - Riding clothes
 - Riding boots (clean)
 - Any other special equipment/item you ride with

- RIDERS PLEASE SELECT**
- \$125 Rider FCEA Member
- \$135 Rider FCEA Non-Member
- AUDITORS PLEASE SELECT**
- \$40 Audit FCEA Member
- \$45 Audit FCEA None-Member

Mail Entry Form/Payment To: Organizer c/o French Creek Equestrian PO Box 335 Elverson, PA 19520

Checks: Make payable to FCEA

Cash: Accepted (exact amount)

Check Here if paying by Venmo/Paypal - An invoice/payment request will be sent to you

**entry not valid until completed entry form and payment received*

**rider entry and payment must be received by closing date*

**auditors pre-notice preferred, but same day allowed*

**must have valid 2026 FCEA Membership for Membership pricing*

**K. Clarke Equine waiver is required and will be emailed to rider once entry/payment received*

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 Equestrian Association. I agree to abide by the rules which cover this event.

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. 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 FCEA, their officers, agents, employees and the volunteers assisting in the conduct of this 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. 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 participants/visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

Check here if participant is under 18 years old.

SIGNATURE: _____ Date: _____

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