



Registration Form for 2010 CRDA Adult Camp

Opening date: March 1, 2010

Closing date: Entries postmarked on/before April 6, 2010

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Horse's name: _____

Horse's age: _____ Horse's Gender (circle one): M G S

Please describe your level of riding and your horse's training: _____

Cancellation policy: Full refund will be made upon request, in writing, if received on or before the closing date. If the rider cancels for any reason after the closing date, the rider is responsible for paying for his/her lesson and/or participation in the camp. Effort will be made to fill the rider's place by a substitute rider, but refund for cancellations after the closing date is not guaranteed.

I hereby attend this camp/clinic/competition at my own risk, subject to the rules of the Charles River Dressage Association, Inc. ("CRDA") and the hosting facility. I hereby agree to be responsible for any injury or damages that may occur to myself or others, or be caused by any animals, vehicles, or trappings, belonging to or exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless CRDA and its directors, officers, members, and volunteers; the hosting facility, its owners, employees, and agents; any and all clinicians, instructors, managers, volunteers, and any of their agents from any damage, expense and/or liability arising out of or resulting from any act or omission of myself, said CRDA, hosting facility, clinicians, instructors and their agents, servants or employees. I certify that all my horse(s) are free from contagious disease. Warning: An Equine Professional is not liable for any injuries to, or death of, a participant in equine activities, pursuant to Chapter 128, Section 2D of the Massachusetts General Laws.

Signature: _____ Date: _____

(Must be signed by Parent or Guardian if under age 18.)

Please sign and send this form together with a copy of a current Coggins, your check for entry fee made payable to the Charles River Dressage Association, and your check for stabling fees made payable to Apple Knoll Farm to the camp coordinator:

*Amy Rossiter
15 Spywood Road
Sherborn, MA 01770*