



## 2018 Patricia Kottas-Heldenberg Year-end Clinic November 17 + 18th Entry Form

Entries open **October 5<sup>th</sup>, 2018**. Entry must be **IN-HAND** on **Oct. 31, 2018** to be eligible for lottery draw.

Rider Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Riders for this clinic are chosen by lottery draw with no preference given to BOTH day riders or SINGLE day riders. We are reserving one spot each day for Junior riders. Juniors not drawn for the Junior spot will be added to the drawing for their level.

**You MUST be a CRDA member to submit an entry for the lottery.** You may submit a membership form and separate check with your clinic entry. See [www.crdressage.org](http://www.crdressage.org) for membership information.

Lessons are \$150 for adults and \$100 for Juniors for a 40-minute private session. If your entry is not drawn for the clinic, your check will be shredded. **If you are submitting an entry for both days, send two separate checks – one for each day.** Riders are eligible as Juniors from the beginning of the calendar year until the end of the calendar year in which they reach the age of 18.

Please indicate which day(s) you would like to ride:

Saturday only \_\_\_\_\_ Sunday only \_\_\_\_\_

BOTH Saturday AND Sunday \_\_\_\_\_

EITHER Saturday OR Sunday \_\_\_\_\_.

Are you a: Junior \_\_\_\_\_ Adult Amateur \_\_\_\_\_ Professional \_\_\_\_\_

Cancellation Policy: Cancellations PRIOR to the closing date will be refunded. Cancellations AFTER the closing date are refundable ONLY IF THE SLOT IS FILLED by an alternate rider.

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 animals, vehicles, trappings or belongings 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, 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

Make your check(s) made payable to CRDA, and send to Angela Rice, 29 South Bow Street, Milford, MA 01757.

### Did you...

Include your check (one for each day you want to enter the lottery)?

Confirm you're a current CRDA member and if not, include your membership form and a separate check?

Complete the required information form about you and your horse?

Complete and sign the photo release form?

Sign and include the Apple Knoll Release?

Include a copy of a current Coggins?

Questions? [angelarice3737@gmail.com](mailto:angelarice3737@gmail.com) or 860-617-5675 (before 8 PM please)

**\*\* REQUIRED INFORMATION!! \*\***

This information will be shared with clinician prior to the clinic. CRDA will also include a condensed version for the horse and rider bios that will be available to auditors.

Horse's Name: \_\_\_\_\_

Horse's Age: \_\_\_\_\_ Horse's Gender (circle):    M    G    S

Horse's Breed: \_\_\_\_\_

Please describe your highest level of riding on any horse.

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Please describe your horse's level of training.

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What level are the two of you working on together now? This will be the level you are entering for the clinic!

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Do you have any specific goals or something in particular that you would like to focus on during your lesson time?

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**Charles River Dressage Association**

**PHOTO RELEASE FORM**

I hereby grant permission to the Charles River Dressage Association (CRDA) to use photographs and/or video of me taken on November 17 -18, 2018 at the Year End Clinic, held at Apple Knoll Farm, Millis, MA in publications, news releases, online, and in other communications related to the mission of CRDA.

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(Signature of Adult, or Guardian of Children under age 18)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (day): \_\_\_\_\_

(evening): \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**Thank you!**