



Registration Form for 2018 CRDA Adult Camp

Opening date: March 12, 2018

(No early postmarks or hand-delivered entries please!)

Closing date: Entries postmarked on/before April 14, 2018

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 level of training: _____

Cancellation policy: Full refund will be made upon written request, 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 his/her camp entry fees. Effort will be made to fill the rider's place by a substitute rider, but refunds for cancellations after the closing date are 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 own, 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: _____

*Please sign this form and include a copy of your horse's current **Coggins**, a signed **Apple Knoll release form**, and a **check** for your entry fee and stabling fees. Make your check payable to the Charles River Dressage Association. Send entries to:*

*Paula Enos
2510 Wellington Green Dr. #102
Wellington, FL 33414*