

French Creek Clinic/Activity Entry Form



ACTIVITY _____ DATE _____

Participant's Name (Please Print): _____

Address: _____

City/State/Zip : _____

Phone: _____ Emergency Contact phone: _____

Email: _____

HORSE	LEVEL	ENTRY FEES
		\$
		\$
<div style="border: 1px solid black; padding: 5px;"> Special Requests (time, ride with, etc.) _____ _____ _____ </div>	Member Discount (as stated in clinic flyer)	(\$ _____)
	Volunteer Voucher/ Ed. Grants	(\$ _____)
	Late fee \$10.00	
	TOTAL	

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 educational 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 educational 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.

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.)

THIS FORM MUST BE FILLED OUT COMPLETELY .

Entries will only be accepted if completed with signature, full payment and Negative Coggins Test

**Make checks payable to: FCEA Unless otherwise listed on clinic flyer, entries may be mailed to:
Organizer c/o French Creek Equestrian, PO Box 85 St. Peters, PA 19470**