

Betsy Steiner Dressage Clinic Application

October 9 - 11, 2009

Format and Schedule. Up to 8 riders will be accepted to ride in three private lessons with Betsy on October 9 - 11, 2009. The clinic will begin at 7:15 a.m. and there will be a lunch break and two (2) 15 minute breaks. When not riding, participants are encouraged to watch and learn as Ms. Steiner instructs others and explains her methods.

Auditors. Auditors are encouraged to pre register as space is limited. This clinic will appeal to a broad spectrum of auditors, whether interested specifically in dressage or simply sound training principles. Each rider is allowed one guest free of charge - either an auditor, groom, significant other or trainer. Any other visitors must pay the auditor price whether attending for one ride or an entire day. Please be prepared to bring your own chair.

Important Information:

- Lessons are 45 minutes long. As a courtesy to all riders, we will adhere closely to the ride schedule. Betsy will be available for questions for 20 minutes at lunch and for 30 minutes following the last ride of each day;
- Riders must ride horse listed on their application, or if unavailable, must receive permission from clinic secretary to substitute;
- For insurance purposes, riders must be current members of USEF;
- Riders must wear an ATSM/SEI approved safety helmet at all times while mounted-THERE WILL BE NO EXCEPTIONS;
- All horses must be current on vaccinations and proof of vaccinations must be provided to the Clinic Secretary;
- Turn-out. Riders should be smartly turned out (light colored breeches, tall boots, helmet, collared shirt tucked neatly into breeches). Horses should be clean, fit and turned out in properly fitted, functional and clean equipment. White polos are preferred on horses. Braiding is optional; and
- Absolutely NO DOGS permitted.

Deadlines: Complete applications, 1/2 of the clinic fee, executed waiver, photograph, vaccination record and video, must be received by **August 10, 2009**. The balance of clinic fee and stabling must be received by **September 30, 2009**.

Fee: Fees are \$300/ride, payable as follows: \$450 paid by August 10 and \$450 plus stabling paid by September 30. Stabling is \$30 per day or portion of day. Riders are encouraged to apply for Dressage Foundation and Pomona Chapter Grants. Checks should be made payable to **Peggy Hosking, 1695 Corona Avenue, Norco, CA 92860**.

Cancellation: Riders who cancel after the acceptance, for whatever reason will receive a refund, less a \$150.00 processing fee, ONLY in the event a replacement rider can be found and approved by clinic organizers. If no replacement is available, the rider will NOT receive a refund.

Stabling: Stabling is available beginning on the afternoon of October 22, 2009 after 2:00 pm. Stalls are \$30 a night. Bedding and Stall cleaning is provided. We will be happy to feed owner supplied hay and supplements.

Videotaping: In the event that you may want you lesson videotaped please let the clinic secretary know prior to September 30, 2009. Because we want to encourage riders to work through issues they may be having with their horse and this sometimes results in a less than pleasing pictures, no one will be permitted to photograph or videotape a horse that is not his or her own horse.

Questions: Any questions can be directed to the Clinic Secretary, Peggy Hosking, at 951.258.7178 or by email at peggyhosking@sbcglobal.net

Rider Information (please print)

Name: _____
USEF#: _____
Address: _____

Phone: _____ Cell #: _____
e-mail: _____
Emergency Contact: _____
Phone: _____

Horse Information

Name: _____
USEF #: _____ Breed: _____
Sex: _____ Age: _____ Height: _____ Color: _____
Sire: _____
Dam: _____
Level of Training: _____
Level of Showing: _____
Owner: _____

ALL HORSES MUST BE CURRENT ON VACCINES. Horses must have received Eastern & Western Encephalitis, West Nile, Flu and Rhino vaccines within 6 months of the clinic date. Please include a copy of your vaccination record with your application or have your vet fax to: (951) 808-8536.

On a separate page, please give a brief description of the horse's abilities and problems/issues you might like to address, your short and long term goals for this horse and a brief biography of the horse and the rider.

Please include a DVD of your horse (or post a video on online and forward the link) and a photograph with your application.

Thank you for your interest in participating in the Betsy Steiner Clinic!

Release, Assumption of Risk, Waiver, Indemnification

In consideration for my participation or attendance at the Betsy Steiner Clinic (the "Clinic") at Azure Farms, I AGREE to all of the following:

I choose to participate voluntarily in the Clinic with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, auditor, spectator, groom, or as a parent or guardian of a junior participating in the Clinic. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, serious bodily injury, including broken bones, head injuries, trauma, pain, suffering and even death ("Harm").

I release Betsy Steiner, Betsy Steiner Dressage, Azure Farms, Jenifer Luce-Zakhary, David Burgermeister, Todd Franzen, Todd Solar, James Hosking, Margaret Hosking, any employees, personnel, sponsors, volunteers or agents (the "Indemnified Parties") from any and all claims for money, damages or otherwise for any Harm to me, my horse or my personal property and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Indemnified Parties.

I expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Indemnified Parties.

I shall indemnify (that is, to pay any and all losses, damages, or costs incurred by) the Indemnified Parties and to hold them harmless with respect to all claims for Harm to me or my Horse, and for claims made by others for any claim made by others for any Harm caused by me or my Horse at the Clinic.

As a condition of and in consideration of acceptance of my application to ride in or attend the Clinic, Betsy Steiner, Betsy Steiner Dressage, Azure Farms, Jenifer Luce-Zakhary, David Burgermeister, James Hosking and Margaret Hosking may use or assign any photographs, videos, audios or other likenesses of me and my horse taken during the Clinic for the promotion, coverage or benefit of themselves or the sport of Dressage.

I understand that wearing an ASTM/SEI certified helmet while mounted is MANDATORY and I further understand that no protective equipment can guard against all injuries. If I am a parent or guardian of a minor, I consent to the minor's participation and agree to all of the above provisions and agree to assume all of the obligations of this Release, Assumption of Risk, Waiver and Indemnification on behalf of the minor.

I represent that I have the requisite training, coaching and ability to safely participate in the Clinic. By signing below, I agree to all the terms of this Release, Assumption of Risk, Waiver and Indemnification.

RIDER

AUDITOR/GROOM/SPECTATOR

Signature: _____
Printed Name: _____
Phone #: _____
E-Mail Address: _____

Signature: _____
Printed Name: _____
Phone #: _____
E-Mail Address: _____

PARENT/GUARDIAN

OWNER

Parent/Guardian Signature: _____
Printed Name: _____
Phone #: _____
E-Mail Address: _____

Signature: _____
Printed Name: _____
Phone #: _____
E-Mail Address: _____

Betsy Steiner Dressage Clinic Application Checklist

Have you included:

- Completed Application;
- Signed Waiver;
- Vaccine Record;
- Goals and Bio;
- Picture;
- Video; and
- Deposit check of \$150 made payable to Peggy Hosking?

If so, you're all set!

Please mail your complete package to:

Peggy Hosking
1695 Corona Avenue
Norco, CA 92860

Please call with any questions – (951) 258-7178