

# GVRDC CLINIC FORM

**LUCINDA GREEN- CROSS COUNTRY CLINIC**

**OCTOBER 10<sup>th</sup> and 11<sup>th</sup>, 2010**

RIDER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone #: \_\_\_\_\_ GVRDC/PC Member: **Y** or **N** (Circle One)

## **SECTION I – RIDER/HORSE EXPERIENCE**

### **Rider Experience**

	Eventing	Hunter/Jumper	Other Experience
Yes or No			
If yes, level?			

### **Horse Experience**

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

	Eventing	Hunter/Jumper	Other
Yes or No			
If yes, level?			

Is your horse difficult to control in the open? **Y** or **N** (Circle One)

Indicate heights you/horse are comfortable jumping: **18" 2' 2'6" 3' 3'+**

**CLINIC OPENING DATE-** May 15 (entries postmarked before will not be accepted)

**CLINIC CLOSING DATE:** July 1 - Clinic will be filled on a first come, first serve basis. Entries postmarked after closing date require additional \$25 processing fee.

- **Mail to:** Dawn Foster- 3320 Fox Road, Syracuse, NY 13215 \$ \_\_\_\_\_ **Amount enclosed**
- Include full payment, stabling request and negative Coggins [dated current or previous year (if NYS)] with this form.
- **Make checks payable to GVRDC - GVRDC/PONY CLUB MEMBERS – \$250; NON-MEMBERS –\$275**
- **No money will be refunded for cancellation by the rider or owner.** If the rider finds a suitable replacement to fill their vacant spot their money will be refunded after the clinic. Suitable replacements must be cleared by the secretary - Dawn Foster and the GVRDC retains the right to have the final decision on this matter.
- **Stabling available at Hideaway Farm -\$50 per night, must supply own water, feed/hay, bedding and strip stall at end of stay - please indicate with payment if stabling is required.**
- **NO RAIN DATE – NO CANCELLATION - CLINIC WILL BE HELD RAIN OR SHINE!**

## **SECTION II – RELEASE**

I understand that horseback riding, and in particular jumping, is a high-risk sport and I am participating in this clinic at my own risk. I hereby assume this risk, and further do hereby release and hold harmless GVRDC, the Organizer, the clinician, the Organizing Committee, judges, officials and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this clinic. Appropriate headgear must be worn at all times while the horse is being exercised or ridden. Participant agrees to abide by all guidelines established by the GVRDC and/or the clinician.

Rider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature, if rider under 18 years of age: \_\_\_\_\_

## **SECTION III – EMERGENCY MEDICAL RELEASE FORM**

If emergency medical care is required for \_\_\_\_\_  
(name of participant)

in conjunction with this clinic and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

### **Related Information:**

Parent / Guardian / Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Participant is allergic to: \_\_\_\_\_

Participant takes the following medications/for: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**I have read this entire medical release and agree to it:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_