

Dominic Schramm Clinic Entry Form

Fees:

GVRDC members/Pony Club members - \$325

Non-members - \$400

Auditing is \$20 per day or \$35 for both!

Clinic Format

Day one (Wednesday June 26st 2024) This will consist of flatwork and Show Jumping in preparation for cross country.

Location- Mothersfield (4444 Hogmire rd, Avon, NY 14414)

This will be held on grass. Cross country vests are not required. Please park on the north side of Hogmire road.

Day two (Thursday June 27th 2024) This will consist of cross country questions appropriate for the level entered. This will be hosted at the GVRDC cross country grounds.

Location- Hideaway Farm (4130 Roots Tavern Rd, Geneseo, NY 14454). There will be signs directed to parking. Cross country vests are required.

Each session will be approximately 1 hour and 30 minutes long.

NO RAIN DATE – NO CANCELLATION – CLINIC WILL BE HELD RAIN OR SHINE

Refunds/Cancellations: No refunds for cancellations by the rider or owner unless GVRDC is able to find a suitable replacement. A wait list shall be established and, if possible, spots will be filled from that list. Refunds will be processed after the clinic.

If paying by check please make checks payable to GVRDC. Please mail entry with full payment and negative Coggins current within a year to:

Courtney LaBarbera
28 Somerset Lane, Victor NY 14564

Clinic Contact: Courtney LaBarbera- Courtbrook@gmail.com (585)705-8293

RIDER: _____ **RIDER AGE (IF UNDER 18)** _____

HORSE: _____ **HORSES AGE:** _____

ADDRESS: _____

EMAIL: _____ **PHONE:** _____

Rider/Horse Experience

At what level do you and your horse plan to compete this year? _____

What is the highest level you have competed in the last 3 years? _____

What is the highest level your horse has competed? _____

Level: Intro (18"- 2') Beginner Novice (2'6") Novice (3') Training/Modified (3'+)

Stabling Information

Do you need stabling? Yes _____ No _____

*Please contact Courtney if a stall is needed. Limited stabling available. *

Riding Release

I understand that horseback riding, and in particular jumping, is a high-risk sport. I am participating in this clinic at my own risk. I further do hereby release and hold harmless GVRDC, the Organizer, the clinician, and 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 clinician.

Rider's signature _____ **Date** _____

Parent's signature if rider under 18 years of age: _____

Emergency Medical Release Form

Emergency Contact Name _____

Emergency Contact Phone Number _____

Relation to rider _____