

# SVDA CLINICS APPLICATION

Mail application with payment & Coggins to:

Janice Mumford  
3833 Manning Road  
Suffolk, VA 23437  
757-986-3037  
[liljesco@aol.com](mailto:liljesco@aol.com)

**CLINIC PARTICIPANTS MUST BE SVDA MEMBER IN GOOD STANDING. NON-SVDA MEMBERS MAY PARTICIPATE AFTER ALL SVDA RIDER SLOTS ARE FILLED AND WILL PAY FULL CLINIC PRICE**

Please Enter the Following Information:

Rider's Name:		Horse's Name:		Clinic Date:	
Jr/YR: Y or N:		Home Phone #:		Cell Phone#	
E-Mail Address					

Please Briefly Describe your Riding Level/Abilities, and that of your Horse:

Do you have a Hold Harmless (Rider) Agreement on file with the property owner where this clinic will be held?  
Yes or No

Clinic Lesson Date/Instructor Name: \_\_\_\_\_

Please Note any special time requests or restrictions:

\_\_\_\_\_

Are you flexible on ride times? YES or NO (circle one)  
Where will you be trailering from? \_\_\_\_\_

Please include a check made payable to SVDA in the amount of \_\_\_\_\_\*

**Cancellation policy goes into effect 10 business days before the clinic and refunds will not be permitted for any reason. You may only secure a refund inside the 10 day window if you are able to secure a replacement rider to fill your slot.**

**Please Read and Sign at the bottom:** I provide a Coggins and fee for the above entries which are made at my own risk and subject to conditions of the SVDA. AGREEMENT AND HOLD HARMLESS: I acknowledge that the rules applicable to the Dressage Clinic specified elsewhere on this entry form have been made available to me and, if applicable, to my child, and that I am (we are) familiar with them. I (we) agree that the organization holding this Competition or Clinic has the right to refuse this entry for cause which the organization shall deem to be sufficient. IN CONSIDERATION of the acceptance of the Entry and of the holding of this Competition or Clinic and the opportunity for me (my child) to win prize money, ribbons or trophies, I agree to defend and to hold this organization, The American Horse Shows Association, Inc., the United States Dressage Federation, Inc., their Directors, officers, members and agents, the owners, directors, officers and agents of the competition ground which the Competition is to be conducted, and any employees of the aforementioned parties, harmless from any claim for loss of injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my (my child's) horse while in or upon the competition premises or grounds or near any entrance thereto, and I personally assume all responsibility and liability for any such claim, and I further agree to hold the aforementioned parties harmless from any claim for loss of my (my child's) horse by disappearance, theft, death, or otherwise, and for any claim for damage or injury to the said aforementioned, or by the negligence of any other person or any other cause or causes. I HEREBY ASSUME the sole responsibility for and agree to defend, indemnify, and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by laws upon any of the aforementioned parties for damage because of bodily injuries, including death, at any time arising out of or in consequence of my (my child's) participation in this Competition howsoever such injuries, death, or damage to property may be caused and whether or not the same may have been caused by the negligence of the aforementioned parties, or by any other person.

SIGNED: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent sign if rider under 18 years of age.