

# WELLINGTON CLASSIC DRESSAGE CLINIC/SCHOOLING ENTRY FORM

RIDER NAME: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_

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

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

RIDER PHONE: \_\_\_\_\_ OWNER PHONE: \_\_\_\_\_

HORSE'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_

\*CURRENT COGGINS REQUIRED: (Include for all entries) DATE OF NEGATIVE RESULT \_\_\_\_\_

CLASS NAME(Sunday Schedule) \_\_\_\_\_ OFFICE FEE: \$30.00  
CLASS NAME(Sunday Schedule) \_\_\_\_\_ CLASS FEE: \_\_\_\_\_  
CLASS NAME(Sunday Schedule) \_\_\_\_\_ CLASS FEE: \_\_\_\_\_

RIDE A TEST: Test Name: \_\_\_\_\_ Sunday @ \$50.00 per session RIDE FEE: \_\_\_\_\_

CLINIC RIDE(For Clinic): \_\_\_\_\_ Saturday OR \_\_\_\_\_ Sunday @ \$ \_\_\_\_\_ per session CLINIC FEE: \_\_\_\_\_

\*\* (For March & April Clinic dates, please check our website for Clinician and Clinic Ride Fees)

SCHOOLING/AUDIT FEE \$35 (IF NOT RIDING IN CLINIC/TEST) SCHOOLING FEE: \_\_\_\_\_

HAUL IN / WALK IN FEE \$25 (IF NOT STABLING) HAUL IN/ WALK IN: \_\_\_\_\_

STABLING: \$50 per stall (Sat. 12noon-Sun 6pm) # Stalls \_\_\_\_\_ X \$50/ stall/tack STABLING FEE: \_\_\_\_\_  
Shavings available @ \$8.00/bag #Bags \_\_\_\_\_ @ \$8/bag= SHAVINGS \_\_\_\_\_

TOTALS \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO: WELLINGTON CLASSIC DRESSAGE

MAIL TO: 14851 Wind River Drive, Palm Beach Gardens, FL 33418; Ph: 561-685-3916 or FAX: 772-405-1034

STABLE NAME/GROUP NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ VISA \_\_\_\_\_ MC AMEX CARD NO: \_\_\_\_\_ EXP DATE \_\_\_\_\_ / \_\_\_\_\_ SIC CODE \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## ENTRY AGREEMENT/ RELEASE

The undersigned, for and on behalf of myself, my heirs, personal representatives, successors and assigns, hereby releases and forever discharges Wellington Classic Dressage or "WCD", Jim Brandon Equestrian Center("Property"), of Palm Beach, FL, their agents, officers, employees, volunteers, successors and assigns of and from any and all claims or demands of any nature whatsoever which I may have or hereafter acquire or have accrued to them arising as a result of, or incident to, my presence on or utilization of said "Property" or any of its facilities. Such release of liability includes, but is not limited to liability for any sickness, disease, estray, theft, death or injury (fatal or not fatal) to or incurred by me, any horses, or any property while at said "Property" Any and all claims and demands are hereby waived and released and I covenant not to sue thereafter.

Due to their size and the unpredictable nature of horses, the care and handling of horses as well as other equine activities involves inherent risk. I acknowledge that I am familiar with the hazards associated with horses, horse barns and all equestrian related facilities; that horses and riding and proximity to horses are dangerous activities; and I assume all risks associated with the foregoing. I also agree to abide by the rules of the Clinic, & WCD.

This release is governed by and construed in accordance with the laws of the State of Florida. If I am a minor under eighteen (18) years of age, a parent or guardian shall sign on my behalf. **ALL RIDERS RIDE AT HIS/HER OWN RISK. SAFETY HELMETS ARE REQUIRED AT ALL TIMES WHEN MOUNTED** and are the responsibility of the rider. Organizers assume NO LIABILITY for Rider/Owner and his/her horse or personal property.

Please note Florida Equine Law as listed below:

**WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.**

IN WITNESS WHEREOF, the undersigned have caused the presents to be executed in the matter and form sufficient in law this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Rider Name / Rider's Signature

\_\_\_\_\_  
Owner Name / Owner's Signature

\_\_\_\_\_  
Trainer's Name / Trainer's Signature

\_\_\_\_\_  
Coach's Name / Coach's Signature