



OCDA PRESENTS....

# DRESSAGE CAMP

A DAY OF "RIDING", "TWO LESSONS" WITH HIGHLY QUALIFIED INSTRUCTORS,  
"FOOD", "CONVERSATION" & FUN !!!

OCTOBER 30<sup>TH</sup>, 2010 (SAT.)

LOCATED @ VICTORIA FARMS, 120 TETZ LANE, MIDDLETOWN, NY)

## RIDER APPLICATION

RIDER NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HORSE NAME \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ BREED \_\_\_\_\_

RIDER'S LEVEL \_\_\_\_\_ HORSE'S LEVEL \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR EVENT? \_\_\_\_\_

RIDERS/PARTICIPANTS: \$125.00

\$10.00 STALL

(PLEASE CLEAN YOUR STALL UPON DEPARTURE)

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

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MAIL THIS FORM WITH PAYMENT TO: *KERRY ROSE, 330 GOSHEN TURNPIKE,  
MIDDLETOWN, NY 10941*

FEES AND PROOF OF NEGATIVE COGGINS MUST ACCOMPANY FORM. MAKE CHECKS PAYABLE TO OCDA.  
RIDERS WILL BE NOTIFIED BY PHONE OR EMAIL. SPACE IS LIMITED AND PRIORITY IS ON A 'FIRST-COME-FIRST-SERVE' BASIS. FULL PAYMENT MUST BE RECEIVED BY OCTOBER 5, 2010.

FOR INFORMATION ON UPCOMING EVENTS, PLEASE GO TO OUR WEBSITE:  
[ORANGECOUNTYDRESSAGEASSOCIATION.COM](http://ORANGECOUNTYDRESSAGEASSOCIATION.COM).

ALL PARTICIPANTS MUST SIGN THE FOLLOWING RELEASE & AGREEMENT

**WARNING:** UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITY. I UNDERSTAND THAT THIS IS A HIGH-RISK SPORT AND I AM PARTICIPATING AT MY OWN RISK. I HEREBY RELEASE AND HOLD HARMLESS THE OCDA, THE HOSTING FARM, ITS OWNERS AND EMPLOYEES, ATTENDANTS, SPECTATORS, THE CLINICIAN AND ALL OTHERS INVOLVED FROM ALL LIABILITY FOR ACCIDENTS, DAMAGE, INJURY, OR ILLNESS SUSTAINED OR CAUSED AS A RESULT OF MY PARTICIPATION IN THIS CLINIC.

**\*AGREEMENT:** AS A PARTICIPANT IN AN OCDA INSURED EVENT, I AGREE TO WEAR AN ASTM APPROVED HELMET WHILE MOUNTED.

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(PARENT OR GUARDIAN IF UNDER 18)

**OWNER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(IF DIFFERENT THAN PARTICIPANT)

FOR MORE INFORMATION CONTACT:  
HELEN LAMISON (845) 294 – 8626, EMAIL: [HLAMISON@FRONTIER.NET.NET](mailto:HLAMISON@FRONTIER.NET.NET)