



**LISA SCHMIDT CLINIC: JULY 27, 2024
Idlenot Farm, Clinton, CT**

USEF “S” Dressage Judge; Gold, Silver and Bronze medalist.

Name _____ Phone _____

Address _____

Email _____

Horse's name _____

Your level of riding _____

Emergency Contact _____ Phone _____

Each rider will have a 45 minute session with Ms. Schmidt

\$175 for CDA Members _____ \$190 for non-Members _____

\$30 for CDA auditors _____ \$40 for non-member auditors _____

Make your check payable to CDA.

Please bring your own chair, lunch and drinks.

Include a negative Coggins dated within 12 months of the clinic date.

Time will be reserved for your ride upon receipt of this form and your check. No refunds for cancellations after July 20, 2024, unless another rider fills your time.

Mail entry, check and signed Release to : Patricia Norcia, Idlenot Farm, 188 Cow Hill Road, Clinton, CT 06413. For any questions please email Patricia Norcia at pnorcia@mac.com

CONNECTICUT DRESSAGE ASSOCIATION, INC.
RELEASE AND WAIVER OF CLAIMS

I, _____, acknowledge that equestrian activities, both mounted and unmounted, are inherently dangerous. I also acknowledge that horses are unpredictable animals and their actions cannot always be controlled. My safety and the safety of my horses or property cannot be guaranteed while I am participating in or attending equestrian sport activities, sponsored in any manner by Connecticut Dressage Association, inc., including training sessions, lessons, clinics, seminars or demonstrations.

I further understand that Connecticut General Statutes Section 52-557 provides that:

“Each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agents or employees.”

I fully assume the risks of participating in equestrian sports, voluntarily participate despite the physical risks and accept full and complete responsibility for the safety of myself, my horse(s) and personal property. This Release shall be binding whether I am a mounted or unmounted participant.

In consideration for attending equestrian activities sponsored by Connecticut Dressage Association, Inc. (hereafter CDA), I hereby waive any claims, whether now existing or arising in the future, against CDA, its members, officers, agents or volunteers, as a result of damage or injury to myself, my horse, or my property from any cause whatsoever, including negligence or unintentional recklessness, while participating in equestrian activities sponsored by CDA. I further agree to indemnify and hold CDA harmless against any and all liabilities, losses, damages, costs or expenses whatsoever, including the cost of defending any such claim, which might arise from the injury or damage to any other person, their property or animals as a result of my participation in equestrian activities sponsored by CDA.

I agree that this waiver and indemnities shall be binding on my heirs, successors, legal representatives and assigns.

This Release and Waiver of Claims shall be governed by the laws of the state of Connecticut.

IN SIGNING THIS DOCUMENT I AGREE THAT I HAVE READ IT, I UNDERSTAND ITS TERMS AND I AGREE TO THEM.

SIGNATURE _____ DATE _____

PRINTED NAME _____

SIGNATURE OF PARENT OR GUARDIAN IF RELEASOR IS A MINOR

SIGNATURE _____ PRINTED NAME _____