



Is proud to present:

Ride-A-Test Clinic

A Great Way to Improve Your Test Scores!

Clinic Date: August 17, 2024

Clinic Location: Douglas County Fairgrounds, Castle Rock, CO

This clinic is back by popular demand and is suitable for all riders! You will have the opportunity to ride a Western Dressage test of your choice and receive direct coaching feedback from Simone, and then you will have the opportunity to re-ride your test and put the feedback to good use. This is great preparation for the Summer Sizzler show in August and **this clinic counts toward High Point!**

Clinician: Simone Windeler - USEF WD 'R' Judge

Clinic Schedule

9AM Start
Group 1 - Introductory Level
Group 2 - Basic Level
Lunch
Group 3 - Level 1 & Up



Clinic session \$85 / WDACO member \$95 / Non-member
Auditor: free / WDACO Members \$20 / Non-members
Stalls: \$20 each / day + separate \$50 deposit
RV/Trailer hook-up: \$35 each / day
WDACO membership is only \$35/year
Join this great WDAA Affiliate at the time of clinic registration and save!

To register please fill out attached forms

Registration deadline is August 5, 2024

For more information contact: Tamara Bray (248) 931 0853 or tamara.bray@ymail.com



Ride-a-Test Registration for Riders and Auditors

Rider Name: _____

Address: _____

Email: _____

Phone number: (_____) _____

Horse Name: _____ Age: ____ Breed: _____

Name and phone # of Emergency contact: _____

Indicate Test Level & Number that you will ride: _____ (Example: Level 1, Test 2)

Test rides will be based on the current Western Dressage tests. 2022 WDAA tests can be found at:
<https://www.westerndressageassociation.org/wdaa-tests>

Auditor Name: _____

Address: _____

Email: _____

Phone number: (_____) _____

Fees:

Clinic Session \$85 Member/\$95 non-members

Stalls: \$20 each / day + separate \$50 deposit

Auditors: \$20 (Free for WDACO members)

RV/Trailer Hook up \$35

Total: _____

Please make check out to WDACO and mail check, completed registration and signed waivers **by August 5, 2024** to:

WDACO c/o Tamara Bray 3105 Big Bear Cir., Sedalia, CO 80135. For questions call, text or email 248 931 0853, tamara.bray@ymail.com Clinic fees are non-refundable unless you or WDACO can replace your ride. You will be notified by email of further details and stalling information if needed.

If you wish to join WDACO, we would love to have you! Go to WDACO.org

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

By my signature below, I, the participant, acknowledge that I have voluntarily applied to participate in the following equine activities, which activities are produced and/or sponsored by **Western Dressage Association of Colorado, (WDACO)**.

Western Dressage clinic, show or event name: Ride-A-Test Clinic and Ride-to-Music Simone Windeler clinician.
Date: June 24, 25 2023 In consideration of the Event Sponsors allowing me to participate in the Activities, I agree as follows:

- 1. Assumption of Risks.** I acknowledge that there are numerous inherent risks associated with equine activities, including but not limited to: (a) the propensity of equines to behave in such ways as to result in injury or death to persons around them; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movements, unfamiliar objects, persons or other animals; (c) collision with other animals; and (d) the potential of participants to act in a negligent manner that may contribute to injury to the participant or others. With full knowledge and appreciation of these and other inherent risks associated with the Activities, I freely and voluntarily assume such risks.
- 2. Waiver and Release of Liability.** Understanding and assuming the risks of the Activities, I hereby waive any and all rights to sue and hereby release the Event Sponsors and their respective directors, officers, members, employees, volunteers, agents, contractors and representatives (collectively, the "Releases") from any and all liability, loss, claims or actions that I, my assignees, heirs, or legal representatives may have for property damage, injury or death (including to my horse) resulting from the Activities. This waiver and release is effective even if the property damage, injury or death is caused by or contributed to by actions or failure to act of the Releases that constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities.
- 3. Permission to Summon Medical Assistance.** If I am injured during the course of participating in the Activities and am unable to verbally communicate, I hereby grant permission to the Event Sponsors to summon medical assistance for me if they deem it necessary in their sole discretion. I further agree to be financially responsible for payment of all costs resulting from the rendering of medical aid and/or ambulance services in the event of an injury, accident, illness to me while participating in any activities associated with the Western Dressage Event.
- 4. Indemnification.** I also agree to indemnify and hold harmless the WDACO, and their respective clinicians, judges, officers, directors, managers, members, employees, agents, assistants, representatives, assigns and others acting on their behalf against all liability, claim, loss, action or expenses which are sustained, suffered or incurred by any third person(s) that I may cause (directly or indirectly) while engaged in any or all of the Activities at any time and at any location in connection with my attendance or participation in the event or instruction. ["Third persons" are any and all people who are not parties to this Agreement and includes, but is not limited to, my relatives, guest or other clinic participants, spectators or visitors, etc.]. The indemnification shall include reimbursement of the Clinician's, Judge's or Facilitator's reasonable attorney fees.
- 5. Intent.** This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.
- 6. I,** for myself and/or on behalf of my child or legal ward, have been fully warned and advised by the WDACO, and their clinicians, judges and facilitators, hereinafter referred to Agent, that I should purchase and wear properly fitted and secured ASTM-standard/SEI-certified protective headgear (helmet and strap) that is designed for use by equestrians when riding or near horses and ponies in order to reduce the severity of some head injuries and possible prevent death from happening as the result of a fall or other occurrences. I am not relying on the Agent or anyone affiliated with the Agent to provide a certified equestrian helmet or headgear for me, to check any helmet or strap that I may wear or to monitor my compliance with this suggestion at any time - now or in the future. Children under the age of 18 must wear a helmet. If I choose to wear an ASTMstandard/SEI certified helmet and headgear, or if I choose not to, this is my decision alone.

Under Colorado Law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to section 13-2-120, Colorado Revised Statutes.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND I AGREE TO BE FULLY BOUND BY ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION.

If the participant is under 18 years of age, the Participant's parent or guardian must read and sign below, indicating his or her acceptance.

The undersigned declares that he or she is the parent or legal guardian of the participant and is over 21 years of age. The undersigned has read this Assumption of Risk, Waiver and Release of Liability, and agrees that all of the terms and conditions contained herein shall be binding upon both the undersigned and the Participant.

EVENT NAME: _____ Date: _____

Rider Signature: _____ Date: _____

Print Name: _____

Address: _____

Email: _____ Phone: _____

Parent Signature: _____ (If Under 18 Years of Age)

Emergency Contact:

Name: _____ Phone: _____