



Western Dressage Association® of Colorado

Fix - A -Test: Tips from the Judge

Julie Haugen, USEF R WD Judge

Friday, August 15, 2025 – Douglas County Fairgrounds

Entry Form for Riders and Auditors

On-Line Registration

Complete the WDACO entry form below and submit by **August 6**.

- A horse may only be ridden once during the clinic.
- Participants may ride multiple times on different horses.
- Submit one form per horse/rider combination

Proof of current vaccinations must be sent via the **Vaccinations link**. Out-of-state horses require a 30-day health certificate and a negative Coggins issued within the last 12 months. **Make sure to read and sign the waivers on the entry form.**

Payment can be made via PayPal, or credit card. If you want pay by check, complete and mail the printable form to WDACO, PO 476 Castle Rock, CO. 80104 and email Malinda Jones malinda.j@comcast.net as soon as possible. **Checks must be received by August 14.**

Registration by Mail

Type or clearly print the WDACO entry form below. Paperwork must be received by **August 6**.

- A horse may only be ridden once during the clinic.
- Participants may ride multiple times on different horses.
- Submit one form per horse/rider combination

Proof of current vaccinations must be included with your entry form. If you are bringing a horse from out of state, enclose a 30-day health certificate and a negative Coggins issued within the last 12 months. **Make sure to read and sign the waivers and** include them with your entry. Enclose all paperwork, **including your check made out to WDACO**, and send it to WDACO, PO 476 Castle Rock, CO. 80104.

Auditors: Non-Members and Members

We welcome everyone interested in Western Dressage or other equine sports to participate in this clinic as a rider or an auditor. This unusual event will increase everyone's understanding of the sport and the nuances of riding at each level. Please submit this form if you are auditing, even if you are a member. Type or print your name in the Auditor box and submit either on-line or by mail. There is no cost for WDACO members. The auditor cost for non-members is \$20.

Entry Form for Riders and Auditors

Name of Horse / Barn Name	Breed	Gaited Yes/No	Sex	Color	Age

Level being ridden at clinic	
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Rider Name	Birth Date (if 17 or under)	Phone
Rider Status: Open Amateur Youth		
Address		Email:

Owner Name (if not rider)	Phone
Address	Email

Trainer Name (person responsible for horse on show grounds)	Phone
Address	Email
Emergency Contact:	
Name & Phone #	

Auditor	Member: _____ Non-Member _____
Name:	
Email address:	Phone number:

Fees	Fee Subtotals
Clinic Entry Fee Member: \$85/ Non-member: \$95	
Auditor Fee Member: Free/ Non-Member: \$20	
Registration deadline: August 6 . Late fee: \$30 (no late fee for auditors)	
Trailer In fee per horse (if not stabling) - \$10 per day	
Stall Fee - \$20 per day What clinic day(s) will the horse be stabling? TH ___ FR ___ Sat ___ Sun _____	
Tack Stall - \$ 20 per day What clinic day(s) will the stall be used? TH ___ FR ___ Sat ___ Sun _____	
Stall Deposit (per stall, separate checks) - \$50 Only one deposit per stall, even if stalls are used multiple days Indicate if you have already submitted a deposit for this stall for the show(s).	
RV Power Hook Up - \$35 per day	
PayPal fee - \$5	
Total	

* If you have paid for any or all fees when registering for the Summer Sizzler I or II, use the Fee Subtotals section above to explain.

*Stall deposit (voided if you completely strip your stall to bare floor): **\$50 – you must provide a separate check for each stall.** The WDACO Treasurer will contact entrants regarding the stall deposit check by August 16th. *The Stall Deposit check will NOT be returned at the end of the show.*



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: **Fix A Test: Tips from the Judge on August 15, 2025**. 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, or 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 ASTM standard/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, WAVIER 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, Wavier 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: Fix A Test: Tips from the Judge

DATE: August 15, 2025

Rider Signature: _____ **Date:** _____

Print Name: _____

Address: _____

Email: _____ **Phone:** _____

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

Emergency Contact:

Name: _____ **Phone:** _____