



# VADA FREDERICKSBURG

## REACHING NEW LEVELS

WWW.VADAF.NET

Clinic Rider/Auditor Application Form  
Times will be sent via Email

Today's Date: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address: \_\_\_\_\_

Check One Participation Type: Rider Auditor

Negative Coggins Date: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Any Special Instructions?: \_\_\_\_\_

Emergency Contact and Phone Number on the Day of Event: \_\_\_\_\_

Rider needs to Read, Understand and Agree to the Release Form, shown below.

Please note: If this rider is a Junior, this Release Form MUST BE Read, Understood and Agreed to by the parent or guardian to be accepted.

VIRGINIA DRESSAGE ASSOCIATION FREDERICKSBURG CHAPTER (VADAF) Liability/Release Form:

I, the undersigned, understand that there are risks of injury and death inherent in all equine activities, including the event named above. Such risks include, but are not limited to: (i) the propensity of an equine to behave in dangerous ways which may result in injury to or death of participants in such activities; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions. I assume all risks of injury, death, and /or injury or damage to property, including equines, associated with participation in equine activities. I waive all rights to sue VADA, VADAF, and/or any of their officers, directors, volunteers, employees and agents, the clinician at this event, the owner or lessor of the facilities where the event is held, and/or any sponsor of this event, for injury to or death of me, or where applicable, the junior rider named below, and/or for injury or damage to property, including equines. I agree to indemnify and hold harmless the foregoing parties from and against any and all such claims of injury, death or damage. This Liability/Release form is to be construed in accordance with, and to be as broad as permitted by, the Equine Activity Act set forth in the Virginia Code. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

\_\_\_\_\_  
Signature of Rider

\_\_\_\_\_  
Signature of Parent or Guardian, if Junior Rider

Entries: Open until filled, limited number of openings. Early registration is strongly encouraged. A waiting list will be started if more entries are received than can be accommodated. If you are placed on a waiting list, you will be notified. Otherwise, you will be notified of your ride time either by email or phone.

1. Mail this Application and a copy of your **NEGATIVE COGGINS TEST**
2. **PAYMENT IS REQUIRED IN FULL.** If paying by check, make checks payable to **VADAF** and mail to: