



Northern Colorado Dressage Association

## April 2, 2023 Ride A Test with Sandy Hotz NCDA CLINIC ENTRY FORM

Blue Roof Equestrian Center, 10951 Isabelle Road, Lafayette, CO 80026

Use one form per Rider/Horse Combination, please.

**MUST INCLUDE CURRENT COGGINS AND 6 MONTHS VACCINE RECORD**

**NO HORSES ALLOWED ON CLINIC GROUNDS WITHOUT COGGINS/VACCINES**

**Rider's Name:** \_\_\_\_\_ **Horse Name:** \_\_\_\_\_  
(circle one) Mare/Gelding/Stallion

**Trainer's Name (If different than Rider):** \_\_\_\_\_  
(Trainer is the Adult (over 18) person responsible for the horse during the show and must be on the show grounds during the show)

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Discipline / Riding Level / Test (eg: Classical/First/Test 1)	\$100/horse-rider combination (includes one helper/guest)
"Non-compete horse"; \$30 each	
Auditor; \$15 each	
Late Fee: entry received/postmarked after closing date; <b>3/27/2023</b> \$25	
<b>Total Fees</b>	

**NOTE:** NCDA reserves the right to use any photograph/video taken at any organized or sponsored NCDA event, without the expressed written permission of those included within the photograph/video. NCDA may use the photograph/video in publications or other media material produced, used or contracted by NCDA including but not limited to: brochures, invitations, newspapers, magazines, presentations, websites, etc.

Warning: Under Colorado law, an equine profession is not liable for an injury to or the death of a participant in equine activities, pursuant to section 13-21-120, Colorado revised statutes. I hereby hold harmless the organizers, judges, and officials from all liability for accidents, damage, injury or illness to horses, owners, riders, employees, attendants, spectators, or any person or property suffered during or in connection with this show. Note: All competitors sign below. In addition, if rider is under 18 years of age, parent must also sign.

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

\_\_\_\_\_  
Emergency Contact (Name & Phone #)

\_\_\_\_\_  
Parent/Guardian signature if rider under 18 years

Email Entry: [events.ncda@gmail.com](mailto:events.ncda@gmail.com) . Mail payment to: 10318 Miners Lake Road, Ft. Collins, CO. 80524.

**PRIOR TO CLOSING DATE 3/27/2023**

**RELEASE AND HOLD HARMLESS AGREEMENT (WAIVER)**

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*INCLUDE REQUIRED ATTACHED LIABILITY WITH ENTRY*

I, \_\_\_\_\_, the undersigned, have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with the Northern Colorado Dressage Association (NCDA), understanding that this Release and Hold Harmless Agreement is a waiver of any and all liabilities.

**All riders MUST wear a helmet - there are NO exceptions to this rule!**

I understand the potential dangers that I could incur, including but not limited to riding or any interactions with horses. Understanding those risks, I hereby release and hold harmless NCDA, and anyone else directly or indirectly connected with NCDA from any liability whatsoever in the event of injury or damage of any nature (including death) during an NCDA sponsored event.

I understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement, I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

***Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

Phone #s: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

**If participant is under 18 years of age**, a person representing himself/herself to be the lawful Guardian of the participant must sign this Release and Hold Harmless Agreement below:

NAME  
(Please Print): \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF MINOR: \_\_\_\_\_ DOB: \_\_\_\_\_