



Northern Colorado Dressage Association

April 27, 2024 with Julie Haugen
NCDA Ride a Test Clinic
2165 14th St. SE
Loveland, CO 80537

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: _____	
Address: _____	
E-mail: _____	Phone: _____
Horse Name: _____ Horse Owner: _____	
(circle one) Mare/Gelding/Stallion Address/email/phone: _____	

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)

Trainer Email/phone: _____

Riding Level / Discipline / Test (list below please)	\$75 per ride- member \$90 per ride- non-member
"Non-compete horse"	\$30
Auditor (one helper/guest included with rider's fee)	\$0- member \$15- non-member
Late Fee: entry received/postmarked after closing date: 04/01/24	\$25
Total Fees	

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: denisedekrey@gmail.com

Mail payment to: 10318 Miners Lake Road, Ft. Collins, CO. 80524 (contact above email address for online card payment)

PRIOR TO CLOSING DATE

RELEASE AND HOLD HARMLESS AGREEMENT (WAIVER)

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: _____