

CLINIC APPLICATION: HEIDI LEMACK

Dressage

October 31 @ NORWEST FARM
1046 UNION AVE., AQUEBOGUE, NY

Rider Name: _____ **Owner:** _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Horse Name: _____

Age: _____ Sex: _____ Breed: _____

Level of Rider/Horse _____

Fee per ride: \$130(LIDA member) \$150(non-member)

AUDITING: FREE FOR LIDA MEMBERS ~ NON-MEMBERS \$20.

TOTAL _____ Payment due by 10/26*

***NO REFUNDS WILL BE ISSUED UNLESS RIDERS' SPOT IS FILLED**

I agree to hold all property owners of **NORWEST FARM** and any of their employees, the **LONG ISLAND DRESSAGE ASSOCIATION** and any volunteers, officers, and all employees free from any claim of whatever nature that may be occasioned by the horses exhibited by me, and to repay property owners on demand for all damages that they may sustain by any reason of any claim or demand occasioned as aforesaid. I further agree to wear an appropriate protective helmet at all times when riding in this dressage clinic with **Heidi Lemack**

Rider's Signature _____

Parent/Guardian Signature (If rider is a minor) _____

Owner (If different) _____

Person To Contact in Case of Emergency _____

Phone: _____

MEDICAL RELEASE

Adult Rider: If emergency medical care is required for myself, and if I or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I have read this entire release and agree to it.

Signature/Date: _____

Minor Rider: If emergency medical care is required for (child's name) _____ and if permission is not available in a timely manner, then the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I have read this entire release and agree to it.

Signature of Parent/Guardian and Date: _____

1. Management reserves the right to refuse any entry.
2. Cruelty to or the abuse of a horse by any person is forbidden. Management may bar violators from further participation for the remainder of the clinic.

Make Checks Payable to LIDA

Mail Form, Payment and Coggins to: Long Island Dressage Association
PO Box 507 Calverton, NY 11933