



WSS Dressage Competition Clinic

Saturday, March 20, 2010

Woodland, CA

Ride Dressage Test of Choice: Receive Score and Feedback

Judge: Alyssa Pitts

WSS Spring Dressage Clinic with Alyssa Pitts

Dressage Tests offered:

5. Introductory Test A
6. Introductory Test B
7. Training Level Test 1
8. Training Level Test 2
9. Training Level Test 3
10. Training Level Test 4
11. First Level Test 1
12. First Level Test 2
13. First Level Test 3
14. First Level Test 4
15. Second Level Test 1
16. Other test of choice (please specify on entry)

MAXIMUM of 3 tests per rider: Tests will be scored and ribbons awarded

Cost:

- Dressage Test: \$35/class

Dress:

- Dressage - Casual- recommend light-colored breeches and polo or show shirt, approved hard hat with harness required, jackets optional

Dressage Classes:

- All dressage tests will be performed in a standard dressage court (20 m x 60 m)

RIDE TIMES: Ride times will be posted on-line two days prior to the clinic and sent via e-mail of CORRECT and LEGIBLE e-mail address is included in entry: <http://www.woodlandstallion.com>

CLINIC Entries will close one week prior to event. No post-entries please!

REFUNDS: In the event of clinic cancellation due to inclement weather, all entries will be refunded.

OVERNIGHT STALLS: Overnight stabling is available if you are riding in clinic and show. Add \$25/stall cost to entry form

Make checks payable to WOODLAND STALLION STATION c/o Carrie Finno
Please provide email address for ride time information.

Send entries to:

Carrie Finno
33 Grand Ave
Woodland, CA 95695
Phone: 530-908-1929
Email: finn0100@umn.edu

Location

Woodland Stallion Station
34274 County Road 20
Woodland, CA 95695
(530) 661-1358 <http://www.woodlandstallion.com>

Rules

1. **Absolutely NO SMOKING will be allowed on the premises!!**
2. No dogs allowed on premises.
3. Woodland Stallion Station and its agents and/or employees and sponsors will not be held liable for any accident, injury or loss occurring during the shows.
4. A returned check fee of \$45.00 will be charged for all returned checks.
5. Clinic management reserves the right to refuse/decline entries before and/or during the show without liability for compensation.
6. All owners and exhibitors will be held responsible for any damages to show grounds and property.
7. Woodland Stallion Station is private property open to the public for events. Anyone can be asked to leave at any time for any reason.
8. **Any person mounted on a horse or pony is required to wear an ASTM/SEI certified helmet with the chin strap properly attached**

2010 WSS DRESSAGE COMPETITION CLINIC ENTRY FORM

March 20, 2010

Entries close 1 week prior to clinic

One Horse Per Entry
 Make Checks Payable to: Woodland Stallion Station c/o Carrie Finno
 \$35 per dressage class – MAXIMUM 3 classes/rider

Mail To: Carrie Finno
 33 Grand Ave
 Woodland, CA 95695

For office use only	

Classes				Horse	Rider	Owner	Fees
Overnight stall (\$25)							
TOTAL							

Owner _____
 Owner Address _____
 City _____
 State _____ Zip _____
 Phone _____ Email: _____
 Rider _____ Age _____

SPECIFY Open/Amateur/Junior _____
 Trainer _____
 Trainer's address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____

If under 18, parent must sign release form on next page

Upon entering a WSS Dressage and Combined Test Schooling Show and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider or Handler, Vaulteur or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am the local rules of the competition. I will accept as final the decision of Show Management on any question arising under the Rules, and agree to release and hold harmless the competition, the WSS, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, WSS and/or the competition may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport or WSS. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of WSS Rules are governed by the laws of the State of California, and any action instituted against the WSS must be filed in Yolo County Superior Court, California.

WSS Release, Assumption of Risk, Waiver and Indemnification
This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this competition, WSS Dressage and Combined Test Schooling Show to the following:
I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulteur, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”). **I AGREE** to release the WSS and the Competition from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the WSS or the Competition. **I AGREE** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the WSS or the Competition. **I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the WSS and the Competition and to hold them harmless with respect to claims of Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the SVMHC Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty and I acknowledge that the WSS strongly encourages me to do so while **WARNING** that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and **AGREE** to all of the above provisions and **AGREE** to assume all the obligations of this Release on the child’s behalf. **I AGREE** that “the WSS ” and “Competition” as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. **BY SIGNING BELOW, I AGREE** to be bound by all applicable WSS Rules and all terms and provisions of this entry blank.

BY SIGNING BELOW, I AGREE to be bound by all applicable Rules of WSS, the Competition, and WSS, and all terms and provisions of this entry blank.

Rider/Driver/Handler (mandatory)	Owner/Agent (mandatory)	Trainer (mandatory)	Coach (if applicable)
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulteur/Longeur is a minor) _____
 Print Parent/Guardian Name: _____ Emergency Contact Phone No. _____
 Is Rider/Driver/Vaulteur a U.S. Citizen: ____ Yes ____ No

