RIDER APPLICATION

MDA's Freestyle Clinic

WITH KAREN ROBINSON OF APPLAUSE DRESSAGE

October 30 & 31 @ Renaissance Farm, 6750 Bethel Church Rd, Saline, MI

Rider Information:

Rider Name:	**MDA #**
JR/AA/Open:	**City/MI/Zip**
Address:	**E-mail:**
Phone:	**Cell No.**

Horse Information:

Horse's Name:	**Breed:**
Age: **Height:**	**Color:**
Sex (Mare/Gelding/Stallion):	
Owner's Name:	
Date of Current Coggins (copy must be provided):	

Are you wanting a freestyle for fun or competition?

Current Level of Showing:

Freestyle Level desired:

Style of music preferred:

Would you prefer in ride in the AM or PM?

Stall needed? **Or, trailer in and out just for the ride?**

# of Bags of shavings desired @ $5.25/bag _____

Stalls to be available at 4PM on Friday at a cost of $35 per day, bedding extra. Stalls are 14x14 with 2" cushioned matting. Facility will feed your grain and hay, and clean stalls.

By signing this, I acknowledge that my clinic fee is non refundable in the event that I cancel and no full replacement can be found for me. I also acknowledge that I understand that this is not an instructional riding clinic but one intended to teach me how to select music and choregraphy appropriate for a musical freestyle. I also understand that I will not leave the clinic with a fully designed freestyle.

Riders Signature: **Date**

Send form and payment to:
Checks made payable to MDA

Gail Anderson
10994 N. Woodfield Circle, Brighton, MI 48114
810-229-2694 or gail_anderson@comcast.net

Liability Release

I understand that by participating in the MDA Oct. 30 & 31, 2010 clinic, I do so at my own risk and to the above-named horse. I understand that MDA, its board, volunteers, facility and facility staff or anyone acting on their behalf are not responsible for accidents, damage or injury or illness to the horses, spectators, or any other person in connection with this clinic. By signing this form, I agree to abide by MDA rules and facility rules and will fulfill all financial commitments related to this clinic. Regardless of any agreements between the rider and the horse's owner, the rider, as a clinic participant, is ultimately responsible for paying the $225/$275 clinic fee to MDA and for paying the stabling and any related fees to the facility hosting the clinic. ***ASTM/SEI Certified helmets must be worn by all riders***

Riders Signature: **Date**

Horse's Owner's Signature: **Date**

Would you be interested in attending a lecture by Karen on Fri. evening at the same location? Yes No (circle one)