

# Eastern New York Dressage and Combined Training Association Entry Form

## *Dressage & Combined Test Fun Show & Barbecue* *Sunday, September 28, 2008 @ Larkin' Hill* *Judge: Emma Griffen, "L"*

Rider	Classes Entered
Name:	Class # & Fee
Street:	Class # & Fee
City/State/Zip:	Class # & Fee
Phone:                      e-mail:	TOTAL ENTRY FEES:
Is rider an ENYDCTA member? Yes / No    Jr. Rider?    Yes / No	Make checks payable to ENYDCTA, LTD
Number of volunteers attending Barbecue _____ Events & Dates of volunteering _____ Number of non-volunteers & guests attending Barbecue _____	All food and drink supplied to ENYDCTA members who have volunteered since 1/1/07. Any member who has not volunteered and any additional guests will be charged \$20 per person.  Total Barbecue fees _____ make checks payable to ENYDCTA, LTD.

<b>Horse</b>	Name:
Age:	Sex:                      Breed:

**Show Location**

Directions from all points can be found at: <http://www.larkinhill.com>

All arenas and warm-up sand. Intro though Training Test 3 – Small Arena, Training Test 4 and up – Large Arena. Jumping indoors.

General Release	Medical Release
<p>I agree to hold all property owners, <i>Larkin' Hill Farm, Margaret Hutchinson, any of the officers, officials &amp;/or volunteers of ENYDCTA and any and all employees of above listed facility</i> free from any claim of whatever nature that may be occasioned by the horses exhibited by me, and to repay the property owners on demand for all damages they may sustain by reason of any claim or demand occasioned as aforesaid. I further agree to wear an appropriate protective helmet at all times when riding at this ENYDCTA Schooling Show.</p> <p>_____</p> <p>Rider's signature</p> <p>_____</p> <p>Parent/Guardian (if rider is a minor)</p> <p>_____</p> <p>Owner (if different)</p> <p>_____</p> <p>Person to contact in case of emergency</p> <p>_____</p> <p>Phone number</p>	<p><b>Adult Rider:</b> 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 emergency 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:</p> <p>_____</p> <p>Signature/Date</p> <p><b>Minor Rider:</b> If emergency medical care is required for (<i>child's name</i>) _____ and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency 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:</p> <p>_____</p> <p>Signature (<i>Parent/Guardian</i>)/Date</p>

1. Management reserves the right to refuse any entry.
2. Classes may be cancelled, split or combined at management discretion.
3. NO DOGS, PLEASE.
4. Negative Coggins required.
5. All classes will be held under USEF/USEA rules.
6. Helmet with properly adjusted chin strap must be worn at all times while mounted on the property.

**Make Checks Payable to: ENYDCTA, Ltd.**  
**Send Coggins, Form & Payment to: Beverly Blinn-Knapp, 710 Rock City Rd, Ballston Spa, NY 12020**