

Rider Application

RIDER INFORMATION

Rider Name _____

VADA Member ____yes ____no

If yes: Chapter & membership # _____

Junior _____ or Senior _____

Address _____

Phone _____

E-mail _____

HORSE INFORMATION

Horse's Name _____

Breed _____

Age _____ Height _____ Color _____

Sex (Mare, Gelding, Stallion) _____

Sire _____

Dam _____

Owner's Name (if different than rider)

SELECTION CRITERIA

Selection of riders will be based on the following information concerning the achievements and history of the horse and rider combination, unless otherwise stated. A combination of adult amateur and professional riders may be selected, as well as a variety of horse types and levels of training.

At what level are you currently working with this horse?

Schooling _____ Showing _____

How long have you and this horse been working at this level?

At what level are you currently working with other horses?

Do you receive regular instruction from an instructor? YES NO

Name of Instructor _____

Have you competed at your current level? YES NO

If YES, please provide the following information for most recent shows:

Competition Name/Date Test Scores Earned? (Indicate whether licensed or schooling show)

Have you competed at a level higher than your current level? YES NO

If YES, at what level have you competed? _____

Please indicate your previous recent experience as a rider at clinic – list date, location and name of clinician:

The criteria in this application are meant to serve as guidelines for selecting riders for this program. Accordingly, VADA reserves the right to select riders most suitable for this program to ensure a good variety of horses and levels of training.

Please select one:

If not selected to ride, I am willing to be an alternate. The latest I could be notified and still participate is _____.

If not selected to ride, I wish to audit.

- **ALL FEES WILL BE DUE WITH THIS APPLICATION**
- **Riders should plan on riding in two sessions – one on Saturday and one on Sunday. Depending on interest, limited single session spots may be available.**
- **Riders will be provided with lunch at no additional charge**

LIABILITY RELEASE AND ACKNOWLEDGMENT OF FINANCIAL

I understand that the Virginia Dressage Federation, Inc., its staff, the clinic organizer, volunteers, clinician, facility, facility staff, hosting organization, sponsors or anyone acting on their behalf are not responsible for accidents, damage, injury or illness to the horses, riders, spectators, or any other person in connection with this clinic. By signing this form, I agree to abide by all USEF/USDF/VADA rules and fulfill all financial commitments related to this clinic. **Regardless of any agreements between the rider and the horse's owner, the rider, as the clinic participant, is ultimately responsible for paying all applicable fees to VADA and any related fees to the facility hosting the clinic.**

Rider's Signature/Date

Horse Owner's Signature/Date

(Horse owners please note: if you wish to attend the clinic you must register as an auditor or rider guest)

Please return this completed form to VADA no later than April 1, 2018. Send your original application by mail or email to:

Alison Head
38595 Purple Martin Lane
Hamilton, VA 20158
lookingglassfarm@mac.com

If you need additional information or have any questions, please contact Alison at lookingglassfarm@mac.com or 540-729-4847.

RIDER FEES (Please select one):

	2017 VIP Earner and/or Year-End Award Winner	\$50 + Stabling
	2017 VADA Member	\$75 + Stabling
	2017 Non-VADA Member Volunteer either at Dressage at Lexington or at the BLM Championships	\$75 + Stabling
	2017 Non-Member	\$150 + Stabling

Stabling = \$75 for the weekend, which includes the grounds fee. No bedding provided.