



OHIO DRESSAGE SOCIETY
LAUREN SPRIESER CLINIC – RIDER APPLICATION

Clinic dates: July 27-28, 2019

Clinic will be hosted by **Milestone Farms**, 2678 Alward Road, Pataskala, OH 43062

ODS Members: \$175/Ride

Non-Members: \$225/Ride

Includes one lunch and admittance for one groom on the date of the ride

Rider slots are available to **ODS members only through June 15**. If space permits, non-members may apply after June 15. See www.ohiodressagesociety.com for details about membership.

To reserve a rider spot, you must pay in advance. Check will not be cashed until the clinic schedule has been posted. In the event you must cancel, we will provide a full refund if your spot can be filled. If we cannot fill your spot, no refund will be given. A waitlist will be maintained, and any cancellations will be filled from the waitlist first.

Due to space and time limitations, ODS reserves the right to allocate rider slots by lottery to ensure participation at as wide a range of levels as possible. Preference will be given to 2019 ODS members. You may indicate both Saturday and Sunday rides, but ODS may not be able to accommodate both depending on demand.

Ride Date: Saturday, July 27 _____ Sunday, July 28 _____

Any time limitations? _____
(We will try to accommodate your preferred ride date/time, but no date/time is guaranteed)

RIDER INFORMATION

Name _____ ODS Member? _____

Address _____

Phone _____ Email _____

HORSE INFORMATION

Horse's Name _____ Age _____

Breed _____ Sex _____

A negative Coggins, dates within the last 12 months, is required by July 15

STABLING REQUEST

I want a stall for the following nights: Friday _____ Saturday _____

Stabling is \$100, and the price is the same for a stall for one or two nights. Day stalls are \$50. Initial bedding plus one bag will be provided. Stall cleaning is the rider's responsibility. Stalls **must** be left clean. There will be access to trailer parking. Haul-ins are permitted.

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BACKGROUND INFORMATION

Current riding level: Schooling _____ Showing _____

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

What are your short and long term goals for this horse? _____

Is there anything in particular you want to work on? _____

FEES:

Checks should be made out to **Ohio Dressage Society**

Lesson	# Rides _____	x \$175 or \$225	=	_____
Stabling	Day Stall @ \$50 or Overnight @ \$100		+	_____
Less ODS Bucks*			-	_____
Total Due				_____

* ODS Bucks balances are available at <http://www.ohiodressagesociety.com/membership.html>

To be considered, you must submit a complete application, including:

- Complete application form
- Full payment (lesson fees plus stabling)
- Negative Coggins within the last 12 months (due May 15)
- Signed Release Form

Waiting List:

Once the clinic fills, we will maintain a waiting list of riders interested in riding in the clinic. Please indicate whether you are interested in being placed on the waiting list, and if so, the latest you could be notified and still participate: _____

Please return this completed form to: Jennifer Roth 2678 Alward Rd. Pataskala, OH 43062	Questions? Contact Jennifer at (937) 371-5262 or dressagerider1980@gmail.com
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OHIO LIABILITY RELEASE AND ACKNOWLEDGEMENT

I AGREE that I choose to participate voluntarily in the Ohio Dressage Society's Lauren Sprieser Clinic. I am fully aware and acknowledge that horseback riding and equine activities carry inherent dangerous risks of accident, loss, and serious bodily injury. In accordance with the Ohio Equine Liability Act, Ohio Revised Code 2305.321, I do hereby acknowledge the following INHERENT RISKS OF EQUINE ACTIVITIES:

- a) The propensity of an equine to behave in ways that may result in injury, death or loss to person on or around the equine;
- b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- c) Hazards, including, but not limited to, surface or subsurface conditions;
- d) A collision with another equine, another animal, a person, or an object;
- e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other person, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I AGREE THAT: In consideration of the Ohio Dressage Society allowing my participation in Ohio Dressage Society's Lauren Sprieser Clinic, under the terms set forth herein, I, the rider or auditor, and the parent or guardian thereof if a minor, do (a) agree to hold harmless and release Milestone Farms, Kane Pane LLC, Lauren Sprieser, the Ohio Dressage Society, its agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and insurers from legal liability due to any of their negligence or to the negligence or actions of other riders, auditors, clinicians, or spectators, (b) waive any legal claim I or my minor child or ward named above may have against Milestone Farms, Kane Pane LLC, Lauren Sprieser, the Ohio Dressage Society, its agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and insurers for injuries resulting from any INHERENT RISKS OF EQUINE ACTIVITIES, as described above and in Ohio Revised Code 2305.321, and (c) agree that I am participating in the Lauren Sprieser Clinic sponsored by the Ohio Dressage Society at my own risk and assume all risk of damage or injury to my person, horse, or property other than that due to the intentional misconduct of the Ohio Dressage Society. I understand that this waiver will remain effective unless and until revoked by me in writing. I also agree that the Ohio Dressage Society or its agents may terminate any activity at their discretion in order to maintain a safe, professional, and organized environment.

I understand and have read this Release/Agreement and agree to its contents:

Rider's or Auditor's Signature: _____

(If rider is a minor, this must be signed by the rider's parent or legal guardian)

Printed Name: _____

Minor's Name: _____

Date: _____