



New York State  
Horse Council

### Introduction to Working Equitation

9:00 am registration, 9:30 start

April 7, 2019 9:30 - 4:30

Entry due by March 15, 2019

Registrant #

Name \_\_\_\_\_ Are you over 18 yrs.?  yes  no

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Horse Owner's Name if different than registrant \_\_\_\_\_

Horse's name \_\_\_\_\_ Current or previous year Coggins and Rabies validation by \_\_\_\_\_

- All disciplines are encouraged. There are no specific tack requirements, but ASTM/SEI Helmets are recommended for all, and required for all participants under 18 years old. SAFETY is of utmost importance!

\_\_\_\_ I have enclosed \$75 rider fee for unmounted and mounted morning and afternoon sessions

\_\_\_\_ I have enclosed \$25 auditor fee for unmounted sessions and observing mounted sessions

(Please make check out to Ulster County Horse Council, note WE Clinic)

OFFICE USE ONLY: Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date Rec'd / /

RISK OF LOSS INDEMNIFICATION – Ulster County Horse Council shall not be held liable for accident, injury, disease, theft, or death of any horse or rider while participating in this clinic. Owner/rider agrees to abide by rules posted, and defend, indemnify and hold harmless Ulster County Horse Council from all liability or claims, demands, costs, and/or damages arising out of the inherent risk of equine activity and natural conditions, or clinic participation.

Participant’s signature \_\_\_\_\_ Date \_\_\_\_\_

Parental Consent (if minor) \_\_\_\_\_ Date \_\_\_\_\_

Horse Owner (if not rider) \_\_\_\_\_ Date \_\_\_\_\_

Entries must be received by March 15, 2019. Please print and include this form with fee, and mail to: UCHC, PO Box 23, Cottekill, NY 12419

For more information, please contact Anne Zahradnik at 845-389-8300, email [uchcny@gmail.com](mailto:uchcny@gmail.com) or log on [www.uchc-ny.org](http://www.uchc-ny.org)