

SELENA O'HANLON CLINIC – JUNE 12-13(TUES – WED) 2018

Canadian Eventing Olympian and 2017 winner Fair Hill CCI3***
an educational opportunity sponsored by GVRDC

Clinic Opening Date: March 1 (earlier postmarked entries will not be accepted)

Entry Fees: GVRDC/Pony Club Members - \$225; Non-Members - \$250

NO RAIN DATE – NO CANCELLATION – CLINIC WILL BE HELD RAIN OR SHINE!

No refunds for cancellation by the rider or owner unless GVRDC is able to find a suitable replacement. A wait list shall be established and, if possible, spots will be filled from that list. Refunds will be processed after the clinic.

Make checks payable to GVRDC and mail Entry with full payment and negative Coggins current within a year to Nancy Reale, 3539 Elmwood Ave, Rochester, NY 14610

Contact Info: Nancy Reale – 585-218-9996(H), 585-259-5384(C), nancyreale@gmail.com

DR Jack Walnes - 585-226-6168 (H), 585-747-8796 (C), jwalnes@yahoo.com

Rider: _____ Age (if under 18): _____

Address: _____

Email: _____ Phone: _____

SECTION I – RIDER/HORSE EXPERIENCE

At what level do you and your horse plan to compete this spring? _____

What is the highest level you have competed in the last 3 years? _____

What is the highest level your horse has completed? _____

Circle height you/your horse are comfortable jumping: 18" 2' 2'6" 3' 3'+

Do you need stabling? Yes _____ No _____

SECTION II – CLINIC FORMAT

Day 1 of the clinic will focus on stadium jumping in preparation for the cross country schooling on day 2. Both sessions will be 2 hours in length and will have no more than 5 riders per group.

SECTION III - RELEASE

I understand that horseback riding, and in particular jumping, is a high risk sport. I am participating in this clinic at my own risk. I further do hereby release and hold harmless GVRDC, the Organizer, the clinician, the Organizing Committee, judges, officials, and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this clinic. Appropriate headgear must be worn at all times while the horse is being exercised or ridden. Participant agrees to abide by all guidelines established by the GVRDC and/or the clinician

Rider's signature: _____ Date: _____

Parent's signature if rider under 18 years of age: _____

SECTION III – EMERGENCY MEDICAL RELEASE FORM

If emergency medical care is required for the above named rider in conjunction with this clinic and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment

Parent/Guardian/Contact: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Participant is allergic to: _____

Participant takes the following medications/for: _____

Medical Insurance Company: _____ Policy #: _____

I have read this entire medical release and agree to it:

Date: _____ Signature of Rider, Parent/Guardian: _____