

KIM SEVERSON CLINIC – JUNE 12-13 (WED-THURS) 2019

US Eventing Olympian individual silver and team bronze medalist, WEG team gold medalist
An Educational Opportunity Sponsored by GVRDC

Clinic Opening Date: March 15 (Earlier postmarked entries will not be accepted)

Entry Fees: GVRDC members/Pony Club members - \$230; Non-members - \$250

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

No refunds for cancellations 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 information: Nancy Reale – 585-259-5384© or nancyreale@gmail.com

RIDER: _____ AGE (IF UNDER 18) _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

SECTION 1 – 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 competed? _____

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

Do you need stabling? Yes _____ No _____

SECTION 2 – CLINIC FORMAT

Day 1 will be a 1.5 hour session focused on stadium and preparation for XC. Day 2 will be a 2 hour session of XC. There will be 4 groups with no more than 5 riders/group. Clinic will be held on the GVRDC competition grounds at Hideaway Farm.

SECTION 3 – 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, and 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 clinician.

Rider's signature _____ Date _____

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

SECTION 4 – 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 with it:

Rider/Parent/Guardian _____ Date _____