

"Horse Speak"

with Sharon Wilsie

April 1, 2017 • 9:00 a.m. to 1:00 p.m. *(followed by lunch)*
Opening Date: March 1, 2017 • Closing Date: March 28, 2017
Location: High Horses Therapeutic Riding Program at Schleicher Farm

Secretary: Amy Plavin • 403 Parker Hill Road • Rockingham, VT 05101
(802) 732-8033 • whconnemaras@gmail.com

Pre-registration is required!

Name: _____ Age (if under 18): _____

Address: _____

Telephone: _____ Email: _____

FEES:

CVDA is offering this educational event to our members for \$5/person (including lunch).
CVDA is financially supporting this event.

Non-members may also attend for \$20/person (Non-member juniors: \$10).

CVDA Members: \$5 • CVDA Junior Members: FREE
CVDA NON-Members: \$20 • CVDA Junior NON-Members: \$10

Total Enclosed: _____

ALL CHECKS SHOULD BE MADE PAYABLE TO CVDA, INC.

I hereby enter my horse at my own risk subject to all rules and regulations of this event. I understand that the sport of horseback riding is inherently dangerous and that serious injury and death can occur. I agree that if any injury occurs to me, my horse, or any equipment that I may use or send for use in this event, I will make no claim against Central Vermont Dressage Association, Inc., Sharon Wilsie, High Horses Therapeutic Riding Program at Schleicher Farm, or any of the Officers, Directors, Trustees, Employees, and Volunteers of the aforementioned organizations. I further agree to hold CVDA, Sharon Wilsie, High Horses Therapeutic Riding Program at Schleicher Farm, or any of the Officers, Directors, Trustees, Employees, and Volunteers of the aforementioned organizations, and any Landowner free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horse/s exhibited or owned by me or the negligence of the person/s in charge of such horse/s and I agree to indemnify and hold harmless these associations and individuals against all liability, claims, suits, and expenses including attorney fees incurred, arising out of any injury to any person/s or damage to any property caused by me, my horse/s or attendant/s. I agree that I or any rider/s of my horse will wear a hard hat at all times while mounted.

Signature of Owner
MUST BE SIGNED

Signature of Rider (parent if rider is under 18)
MUST BE SIGNED

You can find more information and download entry forms at the CVDA website: www.cvda.org