

IRIS EPPINGER CLINIC COSTS & WAIVER

Fees: All lessons will be 45 minutes. Private lessons only. \$125/day CVDA Members: June 11 _____ June 12 _____
\$175/day Non-Members: June 11 _____ June 12 _____
CVDA Member Auditor: Auditing is FREE!
Non-CVDA Member Auditor: \$25/day/\$40 weekend: _____
Office Fee \$ 25.00
Total Paid : \$ _____

Current coggins/rabies certificate and vaccination record (flu/rhino required) MUST accompany entry.

All checks should be made payable to CVDA, Inc. Preference given to CVDA Members riding both days. Refunds after closing date will be given only if place is filled, minus \$25 office fee. ***Please note: CVDA subsidizes the cost of clinic lessons as part of our educational mission to enhance understanding of the discipline of dressage. The CVDA Board hopes that the subsidy makes our clinics more accessible to all riders and auditors.***

Limited stabling is available. Contact Katherine Roe at 802-763-8116 or kroevt@live.com for stabling information.

I am participating in the Iris Eppinger Clinic at Goose Chase Farm. 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 Iris Eppinger, Goose Chase Farm, Katherine Roe, or any of the Officers, Directors, Trustees, Employees, and Volunteers of the aforementioned organizations. I further agree to hold Iris Eppinger, Goose Chase Farm or any of the Officers, Directors, Trustees, Employees, Volunteers, 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 riders of my horse will wear a properly fitted and fastened ASTM/SEI-Approved helmet at all times while mounted. Under VERMONT LAW, an equine activity sponsor or professional shall not be liable for any injury to, or death of a participant in EQUINE ACTIVITIES resulting from the inherent risk of EQUINE ACTIVITIES, CODE of VERMONT 1039. Under NEW HAMPSHIRE LAW, an equine activity sponsor or professional shall not be liable for any injury to, or death of a participant in EQUINE ACTIVITIES resulting from the inherent risk of EQUINE ACTIVITIES, THE NEW HAMPSHIRE REVISED STATUTES ANNOTATED 508:18.**

Signature of Owner/Agent

MUST BE SIGNED

Signature of Rider (parent if rider is under 18)

MUST BE SIGNED