



USEA Instructors' Certification Program Workshop Entry Form

USEA Instructors' Certification Program – Workshop Entry Form

Instructor Candidate – Please include the following when you send in your entry:

1. This entry form completed and signed (Must be 18 years or older to enter)
2. Copy of your current USEA Membership card (must be a member)
3. The USEA Educational Activity release signed (see attached)
4. Are you registered with USEA in the ICP program?
yes _____ I'm registered at Level _____; no, not registered _____
5. Check for entries made to organizer (see below), \$400 for Level I/II or II/III Workshop
\$500 for Level III/IV Workshop

Auditors/Pony Club/Equine Majors – Please include the following when you send in your auditor reservation:

1. This entry form completed and signed. (If under 18 years, need guardian to sign.)
2. Copy of your current USEA Membership card. (If you are not a current USEA member you must join as a Full or Non-Competing member at the Workshop. Fees: \$82.00 for one-year Full Membership. \$46.00 for one year Non-Competing Membership.)
3. The USEA Educational Activity release signed. (See attached.)
4. Check for entries made to organizer (see below), \$50 per auditor per day.

Entry Information-

1. Candidate Instructor Name _____
2. Auditor Name _____ Guardian(for under 18) _____
3. Pony Club / College Student: Name _____ Pony Club / College _____
Rating _____
What days are you auditing? Day 1 _____ Day 2 _____ Day 3 (1/2 day) _____
Total fees enclosed \$ _____

E-Mail Address (schedules and updates will be on email) _____

Address _____ City _____ State _____ Zip _____

Phone home (____) _____ Work (____) _____ Cell (____) _____

Organizer

Mail entries and payment to:
Jackie Smith
31407 Schneider Rd.
Hanoverton, OH 44423



Payment ~ make checks payable to Stone Gate LLC

Check for full payment _____ Check for deposit \$ _____ full payment due 30 days prior to workshop



Release Form for ICP Workshops

Name of Registered Activity: USEA ICP Workshop Area: VIII
Date(s): _____ Location: _____ State: OH

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA, and, where applicable the *U.S. Equestrian Rules for Eventing*.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear with harness attached that meets standards currently imposed by the *U.S. Equestrian Rules for Eventing*. (Helmets passing or surpassing the AST/SEI standards are strongly encouraged when jumping.) I understand that the USEA strongly recommends all riders in cross-country wear body-protecting vests that meet or exceed current U. S. Equestrian rules and wearing of an approved medical armband; if the activity Organizer requires vests and /or armbands to be worn, I agree to do so.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is wholly at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movement, smell, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity I agree to assume responsibility for those risks, and I release and agree to hold harmless the activity organizer, organizing committee, officials the USEA, U.S. Equestrian, their officers, agents, employee and the volunteers assisting in the conduct of the USEA educational activity and the owners of the property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity,; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

Participant's Name (Please Print): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____ Number of horses I will be riding during activity (if applicable): n/a

Level now riding (check one if applicable): Beginner Novice Training Preliminary Intermediate Advance

Check appropriate box:

- I am a USEA member and my number is #: _____
- Number of days attended: _____
- I am not a USEA member. I wish to join and enclose my membership form and dues.

SIGNATURE: _____ Date: _____
(if Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor).

ORGANIZER – this person: _____ is/or became a member of USEA