



# UNITED STATES DRESSAGE FEDERATION™

**2024 USDF Handler Clinic  
Pacific Equestrian Center  
April 6-7, 2024**

**AUDITOR REGISTRATION INFORMATION (please print)**

Name \_\_\_\_\_ USDF # \_\_\_\_\_ DOB (if under 18) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**To help the clinic instructors get to know you, please answer the following questions:**

- Have you attended any dressage breed shows and/or breed registry inspections? If so, how many?
  - \_\_\_\_\_ breed shows \_\_\_\_\_ inspections
- Have you handled horses at breed shows and/or inspections before? If so, how many?
  - \_\_\_\_\_ breed shows \_\_\_\_\_ inspections
- If you answered “Yes” to question number two, what age horses have you handled? Have you handled any colts or stallions?  
 \_\_\_\_\_  
 \_\_\_\_\_

- Are you a:
  - \_\_\_\_\_ Professional handler
  - \_\_\_\_\_ Aspiring professional handler
  - \_\_\_\_\_ Amateur/young rider

- What are your goals for participating in this clinic?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AS AN AUDITOR IN THIS PROGRAM, I UNDERSTAND THAT:**

- I, as participant, accept full responsibility for the ability of myself to perform in the clinic with risk of injury or re-injury.
- I, as participant, will sign the USDF Waiver of Liability, USDF Event Participation Agreement and return both form with this application. I also understand that the host facility will require a waiver to be signed upon my arrival onsite for the clinic.
- *I acknowledge that USDF requires clinic participants to wear an ASTM helmet with a harness that is securely fastened when handling horses for the purposes of this clinic.*
- I agree to abide by all USDF rules and fulfill all financial commitments related to this clinic.

I am aware that I must be a current USDF Member in order to be selected to audit in this forum. I have verified that my USDF membership is current.

\_\_\_\_\_  
**Auditor's Signature** \_\_\_\_\_  
**Date**



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## 2024 USDF Handlers Clinic – Payment Form

Auditor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Check, payable to USDF, enclosed in the amount of \$75.00.

I authorize USDF to bill the amount of \$75.00 to my:

Visa       MasterCard

Card number \_\_\_\_\_ CVV # \_\_\_\_\_

Name on card \_\_\_\_\_

Billing Address \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

Please return this completed form to USDF and payment form by deadline of March 15, 2023, to:

United States Dressage Federation, Inc.

Attn: Bonnie Barr-Briggs

4051 Iron Works Parkway

Lexington, KY 40511

(email) [bbriggs@usdf.org](mailto:bbriggs@usdf.org)

(f) 859-971-7360

***If you need additional information or have any questions, please contact Bonnie Barr-Briggs at (859)971-7360 or email [bbriggs@usdf.org](mailto:bbriggs@usdf.org)***

## USDF Event Participation Agreement

As a Participant and on behalf of myself and my principals, support personal, representatives, employees and agents, I agree that I am subject to the Policies of The United States Dressage Federation (USDF) and the rules of the program, local government and facility (event rules) for

\_\_\_\_\_ (Event/Activity) and agree to wear personal protective equipment when participating in the Event/Activity. I will accept as final the decision of the USDF on any question arising under the USDF Policies and event rules, and agree to release and hold harmless the USDF, the Event, the volunteers, directors and employees for any action taken under the Policies and event rules of the Event/Activity. I represent that I am eligible to enter and/or participate under the Policies and event rules. I also agree that as a condition of and in consideration of participating in the Event/Activity, the USDF may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the Event/Activity for the promotion, coverage or benefit of the Event/Activity, sport, USDF or for education purposes. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

BY SIGNING BELOW, I AGREE to be bound by all applicable USDF Policies and event rules of the Event/Activity. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Participant (mandatory) Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_

Parent/Guardian Signature: (if participant is a minor) \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

# ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

I [PRINT NAME HERE] \_\_\_\_\_ (hereafter, "Participant", which term includes Participant's parent or legally-appointed Guardian, if a minor), freely and voluntarily seek to participate in any or all programs, events and/or activities sanctioned, produced, or sponsored by the United States Dressage Federation ("USDF") that include educational and training programs, youth programs, clinics, and/or competitions at any time and at any location. These activities, programs, and events will hereafter be referred to as "the Activities," and the USDF, together with its sponsors, managers, property owners, officials, organizers and affiliates and their respective directors, officers, members, employees, agents, volunteers, representatives, and designated officials will collectively be referred to as "Event Sponsor."

In consideration of the Event Sponsor allowing Participant to participate in the Activities, now and in the future, Participant agrees as follows:

**1. Acknowledgment of Inherent Risks of Equine Activities/Assumption of Risks.** Participant acknowledges that there are numerous inherent risks of equine activities, whether preparing for, entering, attending, participating in, or leaving the Event. The inherent risks include those dangers and conditions which are an integral part of equine activities, including, *but not limited to*: (a) the propensity of an equine or other animal to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of the equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons, or other animals; (c) certain hazards such as surface or subsurface conditions; (d) collisions with other animals or objects; (e) the potential of a participant or other Participant to act in a negligent manner that may contribute to injury to the participant, Participant, or others, such as failing to maintain control over the equine or not acting within his or her ability; (f) the breakage or failure of tack or other equipment; (g) the potential that an equine or animal may cause injury or harm to the rider or other persons or animals in the vicinity; (h) and the potential transmission of communicable diseases to both humans and equines. *Participant is not relying on Event Sponsor to list within this document all possible inherent risks or all risks of participating in any of the Activities at any location.*

**2. Waiver and Release of Liability.** With full knowledge and appreciation of these and other inherent risks associated with equine activities and the Activities, Participant freely and voluntarily assumes the risks of the equine activities involved in any aspect of them. In this connection, Participant also voluntarily agrees to waive any and all rights to sue and hereby releases the Event Sponsor from all liability, loss, claims, or actions for injury, death, expenses, or damage to person or property resulting from the inherent risks of the Event or resulting from any action or inaction by the Event Sponsor. This waiver and release is effective even if the injury, death or damage to person or property is caused by, or contributed to by, actions or failure to act of the Event Sponsor and which actions or inactions constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities. Neither Participant nor Participant's representatives shall make any claim against, maintain an action against, or recover from the Event Sponsor or its sponsors, directors, officers, members, employees, agents, volunteers, representatives, designated officials, or others acting on their behalf for injury, loss, damage or death of the Participant, to the Participant's horse, or to the Participant's personal property (regardless of ordinary negligence by the Event Sponsor or regardless of an alleged violation of an applicable equine activity liability law

**3. Equine Liability Act.** Should the Activities take place in a state with an equine activity liability law, Participant acknowledges reading the applicable state warnings and/or provisions set forth below and on the next page (if any).

**4. Miscellaneous.** This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

**I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY,  
I UNDERSTAND THAT IT IS RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY  
PARTICIPATION, AND I AGREE TO BE FULLY BOUND BY ITS TERMS**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Participant \_\_\_\_\_ Date of Birth [If Participant is Under 18] \_\_\_\_\_

## IF Participant IS UNDER 18 YEARS OF AGE:

Signature of Parent or **Legally Appointed** Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or **Legally Appointed** Guardian \_\_\_\_\_

Full Address of Participant and Parent or Guardian Appointed by Law \_\_\_\_\_ (Revised form 10/2020)