

## *Dressage Clinic with Reese Koffler-Stanfield*

*Presented by the Michiana Dressage Club, Inc.  
Generous support provided by the Violet M. Hopkins fund*

### **Auditor Registration**

**When:** April 21 and 22, 2012  
Clinic begins at 9:00 AM each day

**Where:** Chardon Valley Farm, 44767 76<sup>th</sup> Avenue Decatur, MI 49045

**What:** Dressage Clinic, Q&A Sessions, Saturday "Lunch" Lecture entitled-  
"The Training Scale and Application to Daily Riding and Training"

**Cost:** \*\$15.00 per day, or \$30.00 both days- MDC Members  
\*\$25.00 per day, or \$50.00 both days- Non-Members  
(\*if paid in advance)

**Pre-Registration is appreciated!!**  
(additional \$5.00 per day if paid at the door)

### **AUDITOR INFORMATION** *(please print)*

Auditor Name \_\_\_\_\_

2012 MDC Member ( Y / N )(circle one) Do you wish to audit both days? ( Y / N ) (circle one)

2012 MDC Member number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

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**Lunch:** ( Y / N ) (circle one)

Subway Box Lunch includes sandwich, cookies, chips and bottled water.

*\*Must be pre-ordered by April 11, 2012. Lunches may not be purchased on day of the clinic.*

**Choices:** Veggie / Turkey / Ham / Roast Beef (circle one)

**Fee Per Day: \$7.00**

**Chairs:** MDC requests you please bring chairs for auditing lessons and for the Saturday lunch lecture.

**WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

**WARNING**

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Under the Michigan Equine Activity Liability Act, an Equine Professional IS NOT LIABLE for an injury to or death of a Participant in the Equine Activity resulting from an inherent risk of the Equine Activity.

The undersigned hereby release and discharge on their behalf and on the behalf of their heirs and assign, Michiana Dressage Club, Inc., its owners, officers, directors, shareholders, employees and assignees, Brooks J. Grainger, Elizabeth S. Grainger, and the owners, officers, directors, shareholders, employees and assignees of the entity or person holding the show from any and all liability for any damages or injuries sustained as a result of participation at the clinic.

Neither Michiana Dressage Club, Inc. nor any of its officers or agents or the property owners and management accept any liability for an accident, injury or illness to horses, riders and handlers, trainers, owners, attendant volunteers, operators, concessionaires, or any person or property whatsoever while on the farm and/or stable's property.

An additional waiver of liability may be required by Chardon Valley Farm and must be executed or you will be excluded from the clinic. Rider/owner/groom will accept full responsibility for themselves and the horse in regards to risk of injury. Rider/owner/groom will abide by all facility regulations. Regardless of any agreement between the rider and owner, the rider is ultimately responsible for the clinic fee and any fees owed to the facility for stabling and/or bedding, including attorney fees and court costs in the event suit must be filed to recover said clinic fees or fees owed for stabling and/or bedding or any other fees.

**Refunds: No refunds on auditing fees.**

**Thank you in advance for your interest in this clinic.**

**Please sign below to acknowledge the requirements of this application, including the waiver of liability.**

**Please mail auditor registration with funds to:  
Elizabeth Grainger 58290 Ramblewood Road South Bend, IN 46619**

**Signatures: ("Same" not acceptable) each line must be correctly signed for entry to be valid.**

**Auditor 1: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Guardian 1 : \_\_\_\_\_ Date: \_\_\_\_\_**

**1. If Rider is a minor, parent or guardian must sign as well as ride auditor.**

**FEES:**

**Auditor (per day): \_\_\_\_\_**

**Lunch (per day): \_\_\_\_\_ *\*Advance purchase only.***

**Total fee enclosed: \_\_\_\_\_**