BACK TO BASICS DRESSAGE SYMPOSIUM
with SUE HUGHES
USEF Dressage “r” judge, WDAA Western Dressage “R” judge

Presented by Grainger Dressage LLC
in cooperation with Reins of Life, Inc. and the Michiana Dressage Club
proceeds to benefit Reins of Life, Inc.  www.reinsoflife.org

AUDITOR APPLICATION
Saturday, April 9, 2016   8:00CST – 3:00CST
Reins of Life  9375 W 300 N   Michigan City, IN 46360

Details:  “My goal is to share with instructors’ ways to establish the basics of dressage training in all different breeds of horses. This symposium will solidify an understanding of correct training based on a comprehension of the biomechanics of horses.” –Sue Hughes

Pricing:
Auditors: Professionals: $30.00  Michiana Dressage Club members: Pro- FREE
AA/JR: $30.00  Michiana Dressage Club members: AA/JR-$20.00

Concessions will not be provided.

AUDITOR INFORMATION (please print)
Auditor Name______________________________________________________________

Address____________________________________________________________________

City__________________________ State_____ Zip______________

Phone (home)_________________________ (cell)______________________________

E-mail_____________________________________________________________________

2016 Michiana Dressage Club Member Number________________________

Lunch: ( Y / N ) (circle one)
Box Lunch includes sandwich, cookies, chips and bottled water.
*Must be pre-ordered by April 1, 2016. Lunches may not be purchased on day of the clinic.

Choices: Veggie / Turkey / Ham / Roast Beef (circle one)
Fee Per Day: $12.00
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, Grainger Dressage, LLC, Brooks and Elizabeth Grainger, Reins of Life, Inc. the Michiana Dressage Club, 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 Grainger Dressage, LLC, Brooks and Elizabeth Grainger, Reins of Life, Inc., the Michiana Dressage Club 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.

Auditor/Rider/owner/groom will accept full responsibility for themselves and the horse in regards to risk of injury. Auditor/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 a 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 auditor 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 application with funds to:

Dorota Janik
Reins of Life, 55200 Quince Road, South Bend, IN 46619

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

Auditor: ___________________________________________ Date: _________________________

Parent/Guardian¹: __________________________________ Date: _________________________

1. If Auditor is a minor, parent or guardian must sign as well as auditor.

FEES:

Auditor: __________________________

Lunch: __________________________

*Advance purchase only.

Total fee enclosed: __________________________