## **ECWC EVENTER'S CLINIC REGISTRATION FORM**

#	De	escription	Horse (√)	Rider (√)	Indi	cate preferred ride time	
Dressage Tests							
Circle the number of the test you wish to ride and indicate with a check mark if the level of the test is that of the horse or the rider or both. Check the appropriate box to indicate your preferred ride time. <i>Ride times will be emailed or phoned Friday, July 19<sup>th</sup></i> .							
Will you be showing at the <b>August Woodside Event/HT?</b> Yes  No							
Students will ride their dressage tests individually. Jumping instruction will be conducted in groups of 2-3 students of the same level.							
Checks payable to: Equestrian Center of Walnut Creek Total Due:							
Cost					0 per horse post-registration r Wednesday, July 17 <sup>th</sup>		
Ride	Rider's Age  Sr.   Minor   (Parent/Guardian signature required on Release of Liability)						
Name of Horse						Owner:	
Rider's Address				Phone:			
Ride	r's Name					Email:	
		<u> </u>				inut Creek, CA 94598	

#	Description	Horse (✓)	Rider (✓)	Indicate preferred ride time	
1	Beginner Novice, Test A			Before noon Afternoon	
2	Beginner Novice, Test B			Before noon Afternoon	
3	Novice, Test A			Before noon Afternoon	
4	Novice, Test B			Before noon Afternoon	
5	Novice Three-Day			Before noon Afternoon	
6	Training, Test A			Before noon Afternoon	
7	Training, Test B			Before noon Afternoon	
8	Training Three-Day			Before noon Afternoon	
9	Preliminary, Test A			Before noon Afternoon	
10	Preliminary, Test B			Before noon Afternoon	
11	Preliminary, Test C			Before noon Afternoon	
12	Preliminary Three-Day			Before noon Afternoon	

Circle the number of the level you wish to ride and indicate with a check mark if the level is that of the horse or the rider or both.

**Jumping Levels** 

#	Description	Horse (√)	Rider (✓)	Indicate preferred ride time
1	Beginner Novice			Before noon Afternoon
2	Novice			Before noon Afternoon
3	Novice Three-Day			Before noon Afternoon
4	Training			Before noon Afternoon
5	Training Three-Day			Before noon Afternoon
6	Preliminary			Before noon Afternoon
7	Preliminary Three-Day			Before noon Afternoon

Go to www.ecwc.org for more information



## **Equestrian Center of Walnut Creek** Release of Liability

PARTICIPANT		
TELEPHONE	EMAIL	
ADDRESS		
CITY	ZIP _	
me, my horse, and proper horseback riding. I hereb (hereinafter referred to as (hereinafter referred to as th care on the part of the Co participation in events organ		hether known or unknown, of NTER OF WALNUT CREEK CITY OF WALNUT CREEK negligence or want of ordinary agents. In consideration of my
directors, officers, agents executors; and assigns fror animals, or my property ar executors, heirs, and assig Code 1542, which states: "Anot know or suspect to exist him, might materially affect harmless the Corporation a volunteers; against all claim attorney fees arising from a	ve, release, and discharge the Co- employees, and volunteers; their m any and all claims of liability for in- rising out of my participation. This a- ms. I expressly waive any rights I m A general release does not extend to t in his favor at the time of executing his settlement with the debtor." I agre- and City; their officers, officials, dire as, demands, and causes of actions, in my proceeding or lawsuits, brought be neld. I acknowledge that I have read	r representatives, heirs, and njury or damage to myself, my agreement is binding upon my any have under California Civito claims which the creditors do the release, which if known by see that I will indemnify and hold actors, employees, agents and including court costs and actually or prosecuted for my benefit,
SIGNATURE		_ DATE
PARENT OR LEGAL GUARDIAN	I MUST COMPLETE THIS SECTION IF PAR	TICIPANT IS MINOR:
of his/her participation in the Liability shall be binding as	legal guardian of the above minor-age the event, agree that the terms and so to damage or injury to my minor, cipation in events. I acknowledge the ontents.	conditions of this <i>Release</i> of his/her animals, and property
NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP
SIGNATURE		DATE

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