



GEORGE WILLIAMS DRESSAGE SYMPOSIUM ENTRY FORM



October 18<sup>th</sup> & 19<sup>th</sup>, 2008 at Cazenovia College Equine Center  
Woodfield Road, Cazenovia New York 13035

NAME: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail \_\_\_\_\_

**SECTION I – AUDITOR PRE-REGISTRATION** **COST/DAY** **TOTAL \$**

**Auditing Dates of Attendance:**

*Clinic Costs:* Auditors (includes lunches): \$50 adults / \$40 Jr/YR **Per Day** if Pre-Registered by Oct. 1, 2008

**Dinner / Lecture on Saturday Evening:** Pre-Registered by 10/1/08 **(\$30.00/person)** \_\_\_\_\_

Make checks payable to CNYD&CTA. Total Amount enclosed \$ \_\_\_\_\_

**SECTION II – RIDER ENTRY CHECKLIST**

\_\_\_\_\_  
**Rider Experience:** please enclose a brief summary of your riding / training history. You may include copies of dressage tests earned at recognized shows.

\_\_\_\_\_  
**Horse's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_  
**Horse's Breed:** \_\_\_\_\_

\* Please enclose a brief summary (if applicable) on horse's training / showing career.

\_\_\_\_\_  
**Entry DVD/VIDEO must be included for this event. Videos will not be returned.**

**\*\* (Video must be of horse / rider pair interested in riding in the symposium).**

**Clinic Costs:** Riders (includes stabling and lunches): \$250 / both days

**You must ride both days to be considered for this event.**

**Entries:** DO NOT SEND PAYMENT! You will be notified of your acceptance to ride in the symposium and expected to send full payment at that time. DO NOT submit application if you are not ready and willing to ride / pay for event.

Mail proof of current Negative Coggins test or previous year (if NYS)] and current rabies certificate (within 1 year of symposium date) with this form, to address below.

**Refunds:** There are no refunds for this event unless your spot can be filled by the waiting list. In the event that you and /or your horse are unable to attend you will be replaced by a rider / horse combination on the waiting list. There are no horse "substitutions" for this event. You must ride the horse shown on the dvd / video presented. If no waiting list replacement is available, you will not be refunded your money.

**SECTION III – RIDER RELEASE**

I understand that horseback riding is a high-risk sport and I am participating in this symposium at my own risk. I hereby assume this risk, and further do hereby release and hold harmless CNYD&CTA, the Organizer, the Organizing Committee, judges, officials and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this symposium. I understand appropriate headgear must be worn at all times while the horse is being exercised or ridden.

**Rider's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature, if rider is under 18 years of age:** \_\_\_\_\_

**SECTION III – EMERGENCY MEDICAL RELEASE FORM (for use by minor participants – optional)**

If emergency medical care is required for \_\_\_\_\_  
(name of participant)

in conjunction with this symposium and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

**Related Information:**

Parent / Guardian / Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Participant is allergic to: \_\_\_\_\_

Participant takes the following medications/for: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**I have read this entire medical release and agree to it:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail Auditor / Rider Entries (WITH check for auditing / dinner) to:  
Toni Salisbury, 3380 Pompey Hollow Rd., Cazenovia NY 13035.