Hosted by Campbell Valley Equestrian Society at Campbell Valley Regional Park -1255 208th St

Clinicians: Kathy Lifton Equine Canada Level II Coach and Equine Canada Medium Dressage Judge

Linda Dieno Equine Canada Level I Coach and Equine Canada Medium Dressage Judge

**Purpose of Clinic** To provide a introduction to riders about western dressage and to give them the opportunity to be coached and judged in preparation for correct riding of a Western Dressage Test.

No previous experience necessary, just an interest in Western Dressage.

**Format of Clinic:**

9:30 **Discussion** on what Western Dressage is, the gaits, the movements and specifically with respect to riding Western Dressage Test. Demonstration rides with a Medium Judge discussing each test: Walk Jog, Training and First Level.

Horse Council test booklet will be supplied so you can follow along.

11:00 **Riding** Starts in group of 2 to 4 (depending on participants). Each horse and rider will work in a group equal with the level they would like to try. Approximately 40 minutes of instruction and practice. Each rider will have the opportunity to ride one or two practice (judged) tests. You will be able to take your test paper home and no one will see it but you.

12:30 next group

2:00 next group

Times are approximate and will be adjusted depending on the number of participants.

\*hard hats are required for all participants. Riders must be HCBC members.

If you want to try this, come!!!! Participate or spectate:

$10.00 spectators (bring your own chair)

$30.00 participants $25.00 for CVES members

|  |  |
| --- | --- |
| Name: | HCBC #: |
| Horse’s Name: | Level: |
| Address : | Postal Code: |
| Phone number: | Email: |

**Please check one:**

|  |  |  |  |
| --- | --- | --- | --- |
| I know nothing of western dressage but want to learn | | |  |
| I know something about western dressage but want to learn more | | |  |
| I want to be a: | Spectator: | Participant: | |

Please return completed form; attached waiver and cheque payable to CVES by May 1, 2016 to:

Carol McDonald, 1403 200 St, Langley BC, V2Z 1W5 or drop in red bin by front door

Completed form and e-transfer may also be sent to [cves.ca@gmail.com](mailto:cves.ca@gmail.com)

Credit cards may be used for an additional handling fee of $1.00. Please supply card number, name on card, expiry date and type of card. website: [www.cves.ca](http://www.cves.ca)

**Liability Waiver and Assumption of Risk Agreement**

To: Campbell Valley Equestrian Society (hereinafter referred to as CVES), and, to CVES employees, representatives, officers, directors, and agents (CVES Employees”) collectively referred to as *“The Releasees”*.

Event: CVES Western Dressage Clinic Date: May 7, 2016

Event Location: Campbell Valley Regional Park – Equestrian Centre 1255 208th St Langley BC

I acknowledge that the sport of horse riding is a high risk activity and that I am participating at my own risk an in full knowledge of the potential hazards which are inherent in the sport. I further acknowledge the inherent risks in riding and working around horses, which risks include bodily injury to both horse and rider, which can result from normal use, competition, or schooling. In consideration of being allowed to participate in this event, I hereby assume all risk and I hereby release CVES and CVES employees, *“The Releasees”* and the owners and occupiers of the land upon which the competition is held from all responsibility, liability or claims of any nature and any kind which I may have arising from my participation in this activity, included but not limited to bodily injury or death to myself or my horse and damage to property arising from any cause whatever, including the negligence of one or more of the individuals or organization referred to herein.

I HEREBY DECLARE THAT IN SIGNING THIS AGREEMENT THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS, AND ASSIGNS.

Name of Rider: Horse Council #:

Signature of Rider: Date:

Address: City:

Postal Code: Phone:

Name of Horse Owner:

Signature of Horse Owner: Date:

Horse Council # of Horse Owner

**If the rider is 18 years of age or younger the parent or guardian must also sign below.**

I acknowledge as parent/guardian of that I have read and fully understand and agree to the terms and conditions stated herein on behalf of:

my , and myself.

Name of Parent/Guardian:

Address: City:

Postal Code Phone:

Signature of Parent/Guardian: Date:

