



Fix A Test
December 30, 2018



Please contact Chris Donovan via email cdonovan03@gmail.com or at 703-261-3377 with any questions

At the conclusion on Winter WoW Camp we will be hosting a Fix A Test session with a dressage judge. We will be in the newly renovated Morven Park Indoor rings. Each session will last about 25 minutes. Riders will ride a test of choice for the judge with scores provided. Immediately following the test, the rider receive instruction on how to ride for a better score. Riders may also choose to ride the test again. These sessions are open to all participants – even if you did not attend WoW Camp.

1. Fees:

\$50 for USEA Program (Adult or Young Riders) and Pony Club Members

\$75 for all others

Checks for the YRAP camp should be made payable to **USEA Area 2 YRAP.**

Mail application, checks to - Chris Donovan, YRAP Coordinator for Area 2,
13031 Furnace Mountain Rd , Lovettsville, VA 20180

2. Food:

There is very limited food on site. Food is available in Leesburg.

Test of Choice: _____

Horse Name: _____

List any Requests Below:



Release Form

For USEA Educational Activities & Schooling Shows

Name of Activity/Schooling Show: _____ USEA Area: _____

Date(s) to be held: _____ Location: _____ State: _____

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA, and, where applicable, the **U.S. Equestrian Federation Rules for Eventing**.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or Surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the **U.S. Equestrian Rules for Eventing**. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity **I agree** to assume responsibility for those risks, and **I release** and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

Participant's Name (Please Print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell Phone: _____ Emergency Contact phone: _____

Fax: _____ Email: _____

Number of horses I will be riding during activity (if applicable): _____

Level now riding (Check one if applicable):

Unrecognized Beginner Novice Novice Training Preliminary Intermediate Advanced

Check appropriate box:

- I am a USEA member and my number is #:
- I am **not** a USEA member
- I am **not** a USEA member. I wish to join and enclose my membership form and dues.
- Check here if participant is under 18 years old.**

SIGNATURE: _____ Date: _____

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)