



Riding Principles Clinic

with Sue Ott

August 21, 2021 at Williamsport Riding Club

Rider Name: _____	Rider age: _____	Horses Name: _____
Address: _____	City: _____	Zip: _____
Phone: _____	Email: _____	Member Yes No 4-H Member Yes No

Rider Discipline (circle one): English Pleasure Western Pleasure Contest Dressage

Dressage Riders Indicate Riding Level: Intro Training Level 1 Level 2 Other: _____

Circle gaits you are comfortable riding: Walk Trot/Jog Canter/Lope Therapeutic

Clinic Preference: (Circle One) Group Private Fix-A Test

Please indicate anything particular you would like to work on: _____

Clinic Coordinators will schedule ride times according to skill level and rider preferences. Clinic will begin at 9:00 am with intermediate level group lessons (beginner/novice riders are encouraged to watch) and then will proceed from beginner to higher skill level and private lessons as the day goes on. There will be a 30 minute lunch break and short breaks scheduled throughout the day.

There will be a special riding demonstration with Sue riding her mare before the start of the afternoon sessions. All participants are encouraged to watch!

Coordinators will notify participants of ride times. If you have any questions please contact Sarina at sarina.bower@gmail.com or Kim at kbrooks130@gmail.com

I understand that neither the Williamsport Riding Club, its officers, board of directors, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators or any other person or property in connection with this competition. I hereby expressly agree for myself and my principals, representatives, employees and agents: (1) to be bound by the local rules of this competition; (2) that every horse and rider is eligible as entered; and (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold the WRC, its officers, board of directors, show committee, and competition judges, harmless for any action taken. I am fully aware that horse sports, and this competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to release the WRC, its officers, directors, show committee and competition judges, from and against all claims including any injury or loss suffered during or in conjunction with the Competition. I agree to indemnify and hold harmless the WRC its officers, directors, competition judges, from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this competition.

Name _____ Signature _____ Date _____

Due to the timing of this event and the scheduling involved, ALL registrations must be e-mailed no later than 5:00pm August 18 to sarina.bower@gmail.com

Office Use Only	
Paid Cash _____ Check _____ # _____	_____ Initials
Date Neg. Coggins ____/____/____	
Date Rabies Vac. ____/____/____	