

Understanding Biomechanics
Priority given to SWVADA members who have completed volunteer hours 2024
Lecture August 9 at 7:00 pm
45 minute mounted lessons August 10 and 11, 2024
(One horse per entry form please-copy as needed)

**CLOSING DATE AUGUST 4TH - ENTRY MUST BE RECEIVED
COGGINS AND VT WAIVER MUST BE WET SIGNED AND SCANNED BY AUGUST 5, OR YOU CAN'T RIDE**

Clinician: **Stacy Pattison**
Event Managers: Laura Nelson: galliard.laura7@gmail.com 2578 Childress Rd., Christiansburg, VA, 24073
*

Location: **Alphin-Stuart Livestock Arena, 500 Plantation Rd. Blacksburg, VA 24060**

Horse: _____ Owner: _____

Gender of Horse (please circle): Stallion Gelding Mare

Rider: _____ Phone: _____

Address: _____

Email: _____

SWVADA member? Yes _____ No _____

**Fees: This clinic is subsidized by SWVADA with a grant from the Virginia Dressage Association.
Each individual rider must submit an entry form.**

Make checks payable to SWVADA.

No refunds will be issued unless ride time can be filled. Entry must include a signed entry form, payment, and copy of current negative Coggins. All horses on grounds must show proof of negative Coggins and proof of Flu/Rhino vaccination within 6 months or entry will be denied.

Mail entries to event manager Laura Nelson

Clinic Fee (please check one):

_____ **SWVADA/VADA Members Private (\$60)**

_____ **Non-Members Private (\$110)**

AUDITING: \$20 for Friday lecture and Saturday OR Sunday (circle day _____)
or \$30 for Friday lecture and both days of clinic _____

SWVADA membership: Individual dues \$50, Junior/YR dues \$30, Family \$33 for each additional family member

Total Enclosed \$ _____

Please specify the level at which you would like to work as well as any training problems or concerns you would like to address. List any partners that you would like a semi private lesson with for scheduling purposes.

I agree that I participate voluntarily in this clinic fully aware that horse sports and this clinic involve inherent dangerous risk. By participating, I expressly assume any and all risk of injury or loss suffered during or in connection with the competition. I further understand that neither the organizers, property owners, sponsors, volunteers, employees, nor the organization/clinician accept any responsibility for accidents, damage, injury, death, or illness to horses, owners, riders, employees, spectators, or any other persons in connection with this competition.

Rider's Signature: _____

*Parent/guardian must sign if rider is under 18 years of age

Additional forms, waivers and biosecurity will be required from entries, information to follow