

**USDF “L” Education Program – Hosted by Central Vermont Dressage Assoc., Inc.
 Demonstration Horse/Rider Application Form**

Session(s) of Interest (Check all that apply)	Session A	Introduction to Judging & Biomechanics	Waterman Hill Farm, Norwich November 8-9, 2008
	Session B	Gaits & Paces, Movements & Figures	Pirouette Farm, Norwich March 7-8, 2009
	Session C	Collective Marks & Freestyles	Location: TBD April 4-5, 2009

Dates that you and your horse are available:

___ November 8, 2008 ___ November 9, 2008

___ March 7, 2009 ___ March 8, 2009

___ April 4, 2009 ___ April 5, 2009

*** Note: During each session you must be prepared to perform any movement from the level you are demonstrating. For the benefit of the program participants please represent both the rider’s and the horse’s abilities accurately. Each demonstration session will last 30 – 60 minutes. Both the rider and the horse should be fit enough to complete the session.*

Rider Information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone (home) : _____ (cell) _____

E-mail Address: _____

Years Riding Dressage _____ Highest Level Schooled _____

Highest Level Shown _____ Highest Score at that Level _____

Instructor(s):

Current:

Within the past 5 yrs:

Do you ride in a dressage saddle? _____ yes _____ no

If no, what type of saddle do you use? _____

Horse Information:

Horse's Name: _____

Owner's Name: _____

Owner's Address: _____

City _____ State _____ Zip _____

Phone: _____ (cell) _____

E-Mail Address: _____

Horse's Breed: _____ Horse's Age _____

Horse's Sex _____ Horse's Height _____

Highest Level schooled _____ Highest Level Shown _____

Does the horse show any adverse reaction to the use of the following (if yes please explain):

Dressage Whip? _____ No _____ Yes _____

Spurs? _____ No _____ Yes _____

In the past 6 months has this horse had any illness or injuries?

_____ No _____ Yes _____

In the past 3 months has this horse had any soundness problems?

_____ No _____ Yes _____

In the past 3 months has this horse bucked, reared or bolted while under saddle?

_____ No _____ Yes _____

In the past 6 months has this horse bitten or kicked at another horse or person?

_____ No _____ Yes _____

In the interest of safety, is there anything else we should know about this horse?

_____ No _____ Yes _____

Waiver of Liability:

I understand that by participating in the USDF 'L' Education Program I do so at my own risk and risk to the above named horse. I understand that the United States Dressage Federation, Central Vermont Dressage Association, Inc, and the staff, faculty members, organizers, volunteers, Waterman Hill Farm, Pirouette Farm, or anyone acting in their behalf, are not responsible for any accidents, damage, injury or illness to horses, riders, spectators or any person in connection with this program. I agree to wear an ASTM/SEI safety helmet at all times while mounted.

Rider's Signature

Date: _____

Horse Owner's Signature

Date: _____

A current copy of you Coggins Test and Rabies Certificate must accompany your application. Thank you.