



Western Dressage Association of Illinois is Proud to Present:
***A Clinic with Marilyn Weber, Clinician
and Mary Skittino, Judge***
WESTERN DRESSAGE FIX-A-TEST
OPEN TO WESTERN & CLASSICAL DRESSAGE

Held at Pratense Farms
6732 Wagon Ford Road; Chatham, IL 62629
*** Sunday - April 16, 2023 ***

CLINIC REGISTRATION FORM

THE FOLLOWING 3 ITEMS MUST BE SENT TO CWEC BEFORE THE CLOSE DATE OF APRIL 10, 2023:

- 1) Clinic Registration Form
- 2) Payment in full
- 3) Release & Hold Harmless Form

NAME (PLEASE PRINT): _____ DATE: _____

HORSES NAME: _____

ADDRESS: _____

PHONE: _____ Email: _____

EMERGENCY CONTACT: _____ Phone: _____

All breeds, disciplines and ages are welcome [with the exception of: colt-starting/green horses (less than 5 rides)].

**** Ride times are to be determined ****

COST:

- Participants: \$75 for WDAIL Members,
- \$100 for non-members -- per horse/rider combination
- Auditors: \$15 for the day

STALL ACCOMMODATIONS:

- Please contact Paula Briney at (217) 652-1635 for stall information and reservations

Payment method is by check, cash or PayPal

All forms & Payments can be mailed to:

Mary Skittino, 1801 Lemen Road; O'Fallon, IL 62269. PayPal payments to: support@wdailinois.org **Friends/Family, please!** Email forms to ddoll@cwquestriancenter.com

GENERAL CLINIC INFORMATION

Mary Skittino will judge your test and Marilyn Weber is the instructor for the "Fix a Test" clinic. There is a limit of 8 participants with their horses within this clinic. There will be a waiting list after the participant spots are booked. If there is a cancellation of one of the 8 participants, we will contact one of the names on the waiting list. **BRING THREE (3) COPIES OF THE TEST YOU WANT TO RIDE.**

Marilyn's ultimate goal is to help each participant:

- 1) Ride and get judged on a test of their choice.
- 2) Receive input in how to fix the problems within the test, or enhance elements for a better score.

AUDITORS

- Please note - bring lawn chair(s) to the clinic.
- Each paying rider may be accompanied by 1 additional person that will not have to pay the auditing fee of \$15. Any more than one person will be required to pay the fee.
- Observers are asked to reserve ALL questions for after the clinic or when prompted by the instructor.

REFUND

There will be NO REFUND in the event you do not show up for the clinic. The clinics have very limited participation and the spots fill quickly. Please be sure you are willing to commit to attending the clinic. Payment can be made by check, cash, credit card or money order.

CANCELLATION

You are responsible for filling your spot should you cancel. Please check in with CWEC as there may be a wait list.

WDAIL and Pratense Farms RESERVES THE RIGHT TO CANCEL, AND/OR RESCHEDULE DUE TO LACK OF REGISTRATION

****CLINICS ARE HELD RAIN OR SHINE****

CLINIC RULES AND POLICIES

By signing up to participate in, or audit, a Clinic, I am stating that I have read, understand and agree to the following rules and policies:

1. **FULL PAYMENT** is due to WDAIL PRIOR to the clinic close date of April 10, 2023.
2. Clinic openings are on a first come, first served basis. If the clinic is full, your name will be put on our wait list.
3. There is a charge for auditing of \$15.00
4. No "Green" horses: horses with less than 5 rides.
5. **IT IS MANDATORY TO PROVIDE THE FOLLOWING PRIOR TO ARRIVAL ON PROPERTY:**
 - Copy of Current NEGATIVE Coggins
 - Copy of Previous Years Vaccine History
 - There will be a \$35 fee for Non-Sufficient Funds (NSF) checks.
6. **ALL** participants are required to sign a Liability/Hold Harmless waiver.
7. **ALL** participants are required to wear an ASTM Approved Helmet when mounted.

Signature: _____ Date: _____
(Signature of Guardian, if Minor is Riding)

For more information, call Dianne Doll at (618) 910-7946 or email ddoll@cwquestriancenter.com



Western Dressage Association of Illinois

11607 State Route 177 Mascoutah, Illinois 62258
618.960.7772 • 618.910.7946

www.wdaillinois.org

While we will be discussing WDAA rules and using 2022 WDAA tests, this clinic is not an official WDAA event, sponsored by WDAA, nor does it represent WDAA. Opinions and material presented are purely those of Mary Skittino and Marilyn Weber. This clinic is a joint venture between Western Dressage Association of Illinois, Pratense Farms, Marilyn Weber and Mary Skittino only.



11607 STATE ROUTE 177
MASCOUTAH, ILLINOIS 62258
618.910.7946 • DDOLL@CWEQUESTRIANCENTER.COM

Equine Activity Release & Hold Harmless Agreement

PLEASE READ AND SIGN

*****THIS AGREEMENT IS TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN IF THE EQUINE PARTICIPANT IS LESS THAN 18 YEARS OF AGE*****

1.) I have read and understand, and freely and voluntarily enter into this Release & Hold Harmless Agreement with WDAIL, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, any and all of their co-owners, affiliates and/or subsidiaries, which includes, but not limited to, Horse Clubs, Breed Associations, and Discipline Associations such as Western Dressage Association of America (WDAA) and Western Dressage Association of Illinois (WDAIL), Pratense Farms, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2.) I understand the potential dangers that I could incur in mounting, riding, walking, leading, boarding and feeding of horses, including but not limited to, any interactions with other horses not owned by myself. Understanding those risks, I hereby release and hold harmless WDAIL, Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, any and all co-owners, affiliates and/or subsidiaries, trainers, instructors, clinic assistants, clinic sponsors, barn owners, managers, employees and auditors, from all claims, demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, representatives or dependents, on account of or by reason of any injury (even death), loss, or damage, which may be suffered by me or them, or to any property animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default whatsoever and I hereby assume and accept full risk of danger or any hurt, injury or damage which may occur through or by any reason or any matter, thing, or condition, by any person whatsoever.

3.) I release WDAIL, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, any and all of their co-owners, affiliates and/or subsidiaries, from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount, ride, or interact with any horse owned or operated by Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, any and all co-owners, affiliates and or subsidiaries. I understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to.

4.) I recognize and agree that I know which equine professional(s) I will be working with and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, Release and Hold Harmless said equine professional(s) from continuing to monitor my equine activities.

5.) I voluntarily agree and warrant to Release and Hold Harmless the equine professional(s) of Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, any and all of their co-owners, affiliates and/or subsidiaries from any liability whatsoever, including but not limited to, any incident caused by or related to said equine professional(s) negligence, relating to injuries know, unknown or otherwise not herein disclosed; including, but not limited to injuries, death or property damage from: mounting, riding, dismounting, walking, leading, grooming, feeding; use of horse barn, paddock, pasture, trails, horse arenas or round pens and/or obstacle course, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional(s) directions related to my riding or otherwise use and control, or lack thereof, of my horse or any horse that I have been assigned to.

6.) I further voluntarily agree and warrant to Release and Hold Harmless WDAIL, Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Rex M. Doll & Dianne J. Doll, any and all of their co-owners, affiliates and/or subsidiaries from any liability whatsoever during the time that my horse or a horse I lease, rent, borrow, is in the custody or on the premises of CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne Doll, et al. WDAIL, Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, et al shall not be liable for any sickness, disease, theft, death, or injury which may be suffered by the horse. This includes but is not limited to any personal injury or disability the horse may receive while on premises or in their care or by attending an off-site clinic given by WDAIL, Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, et al. I fully understand and hereby acknowledge that WDAIL, Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, and all of their co-owners, affiliates and or subsidiaries do not carry any insurance on any horse not owned by WDAIL, Pratense Farms, CW Equestrian Center, Crystal M. Welsh, Micheal L. Welsh, Dianne J. Doll, et al and that ALL risks relating to the injury or death of the horse from any reason whatsoever are to be borne by the owner(s) of said horse.

7.) I fully understand and accept that under Illinois law: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assume the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

****ASTM/SEI APPROVED RIDING HELMETS ARE REQUIRED AT ALL TIMES WHILE MOUNTED ON A HORSE WHILE ON THE CW EQUESTRIAN CENTER PROPERTY****

PERSON VOLUNTARILY ENTERING INTO THIS AGREEMENT: PRINTNAME: _____

DATE: _____ SIGNATURE: _____

PHONE: _____ ADDRESS: _____

EMAIL: _____

IF COMPLETING THIS FOR A MINOR, PRINT NAMES OF ALL MINORS ENTERING INTO THIS AGREEMENT:

_____ ; _____ ; _____