



ENTRY FORM

Event Training with Australian 4* Event Rider

Bill Levett

January 30, 2016 & January 31, 2016

This event is a USEA-registered Educational Activity.

Rider's Name:	USEA number:	Age:
Address:		
Email:	Telephone:	
Rider's Experience (with this horse and otherwise):		
Max. height you wish to jump at this clinic and anything specific you would like to work on at the clinic:		
Horse/Pony name ,Age, Sex, Type and Experience with you:		
Please confirm your horse has a current Coggins test YES/NO		

- Return entry form to Bill Levett at bill@billlevett.com or,
- Checks should be payable to
- Times will be available two days before the clinic.



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: _____

Trainers Name (At this Event): _____ Phone: _____

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

Level now riding (Check one if applicable):

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.)