



## “Know Your Speed” Pace clinic

July 20, 2019

With

**Bonnie Mosser**

USEA-SPONSORED EDUCATIONAL ACTIVITY

*Closing Date : July 13, 2019 (limited to 20 riders so enter early)*

**Location: Chapel Springs Farm, 2798 CS Farm Rd, Free Union, VA 22940**

The “Know Your Speed” clinic is designed to guide riders to a better galloping pace with balance while going cross country. Bonnie sets a track that uses the terrain and jump placement to help riders understand what is needed to gallop safely around a cross country course at the speed needed for the appropriate level. The track is set with speed markers and jumps for all the levels of Eventing. She will pass on many tips about position, timing and approaches to the jumps. Chapel Springs offers a beautiful venue with open fields and ample parking and shade.

**Fees:** \$150.00 facility fee & lunch included

***\$100 - USEA Area II Adult Rider***

\$ 10.00 - USEA non-member fee (separate checks please, payable to USEA)

Auditing: \$25 – free for AR members (lunch is extra)

**Stabling:** several options in the area, inquire for more information

Rider: \_\_\_\_\_ Horse: \_\_\_\_\_

USEA # \_\_\_\_\_ Adult Rider/ Young Rider / YRAP Program Member#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Experience: \_\_\_\_\_

Clinic Fees enclosed: \_\_\_\_\_

*Total fees, release form and coggins must be enclosed to be registered. **Non-refundable unless space can be filled.** Please make clinic check payable to Area II Adult Rider Program, c/o Carly Eddahri, 575 Teel Mountain Road, Stanardsville, VA 22973 [carlyveddahri@gmail.com](mailto:carlyveddahri@gmail.com) or 434-242-6698. Checks will not be deposited until after closing date and clinic is confirmed.*

**\*\*\*CURRENT NEGATIVE COGGINS and USEA RELEASE REQUIRED\*\*\***

## About Bonnie:

### Bonnie Mosser

After eventing for over 30 years, Bonnie Mosser is one of the most recognizable names in American Eventing. Bonnie is regularly seen at the top of scoreboards around the country and abroad. She has been a competitor for her entire life and she knows what it means to train hard and ride to win. She has earned the championship title in many of the sport's most prestigious competitions including the Foxhall National Advanced Championship and the Jersey Fresh CCI\*\*\*

In addition to her competitive results, Bonnie was chosen to represent the United States as part of the High Performance Talent Team that travelled to the Luhmuhllen CCI\*\*\*\* in 2005. She has also been a member of the United States Equestrian Team High Performance Development Squad, on six separate occasions. Bonnie has represented the United States as the alternate rider for the 2006 World Equestrian Games, the 2007 Pan American Games and the 2008 Olympics.

When Bonnie is not competing she can be found teaching and coaching at many clinics & events across the US. Bonnie has coached students to success at every level of the sport and her instruction is highly sought after by both amateur and professional riders alike.



# USEA EDUCATIONAL ACTIVITIES AND SCHOOLING SHOWS RELEASE FORM

NAME OF ACTIVITY/SCHOOLING SHOW: \_\_\_\_\_ USEA AREA: \_\_\_\_\_

DATE(S) 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 or bracelet.

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: \_\_\_\_\_

TRAINER'S NAME (AT THIS EVENT): \_\_\_\_\_ PHONE: \_\_\_\_\_

NUMBER OF HORSES I WILL BE RIDING DURING ACTIVITY (if applicable): \_\_\_\_\_

Current Riding Level (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 have enclosed 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**. This release form is valid only when signed personally by the participant. Signatures of all others, with the exception of a parent or legal guardian of a minor, will not be accepted in the event a claim is filed.)