



**Young Rider Summer Camp
Aspen Farms, Yelm, WA
July 10-July 13, 2023**

**Cross Country and Show Jump Clinicians-Stephanie Goodman, Marc Grandia, Anna Collier
Dressage Clinicians- Debbie Dewitt, Jordan Lindstat, Rebecca Brown, Marc Grandia, Anna Collier**

CAMP REGISTRATION FORM

Rider: _____ USEA# _____ Horse: _____

Email: _____ Telephone: _____

What level are you requesting to ride in _____ (subject to review from clinicians)

FEES:

- Registration Fee - \$500
- Stall Deposit (will be destroyed at checkout if cleaned)- \$ 25 (separate check)
- Non-Member Fee (\$35 for USEA insurance) - \$ _____

TOTAL PAID \$ _____

Please return no later than **June 19th**. After June 19th, a late fee of \$25 will apply. Please call for availability.

No refund unless space filled from waiting list. **Cancellation policy** – refunds will be sent less actual costs incurred.

Stabling and Camping* on grounds

*Campers make their own sleeping arrangements- you may tent, trailer, or RV camp on grounds with your own equipment or may stay in local hotel at your own expense. Aspen Farms has several electrical hookups for \$25/day. Please let us know if you would like to reserve a hookup.

To register, mail:

1. Camp Registration Form
2. USEA Release Form
3. Emergency Medical Release Form
4. Horse Vaccine Record (GR485)
5. Check s- Payable to Area VII Young Riders (\$500 & \$25)

*Available on the Area VII Young Riders web page:

Send above to:
Tammy Milling
39005 232nd Ave SE
Enumclaw, WA 98022
253-249-1839 (Tammy- Secretary)
253-347-6969 (Scott- Organizer)



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 personal protective equipment when participating in this educational activity. When riding and handling equine, 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; sickness and disease (including communicable diseases); 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 Modified Preliminary Intermediate Advanced

Check appropriate box:

I am an active 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.**)



Emergency Medical Release Form

Notice to All Riders

To avoid any unnecessary delay, the USEA recommends that you fill out and sign this form. You should make arrangements with a responsible person accompanying you to have this form available to medical personnel.

Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Person to Contact in Case of Emergency

Name: _____

Telephone: _____

Cell: _____

Medical Insurance Company: _____

Policy #: _____

Member #: _____

Medical Information

Prior Medical History: _____

Allergies: _____

Contact Lenses: _____

Medical Doctor: _____

Telephone: _____

Date of Last Tetanus Shot: _____

Other: _____

Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the horse trials, you should consider using this form in conjunction with your child's entry. You should make arrangements for a responsible person accompanying your child to have this form available to medical personnel if required.

Release for an Adult Rider

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____

Date: _____

Release for a Minor Rider

If emergency medical care is required for:

Child's Name: _____

and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____

(parent or guardian)

Date: _____

