

USEA AREA VI ADULT EDUCATION SEMINAR
FEBRUARY 9-11 2007 TWIN RIVERS RANCY, PALO ROBLES, CA.

ENROLLMENT APPLICATION

Name _____ Telephone _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Cell Phone _____ Email: _____
Horse's Name _____ Horse Level _____
Rider's Experience/Level _____
(Please note if never have competed in Eventing)

USEA Number _____ (Required)

Protective headgear and must be worn at all times while mounted

MEDICAL ARMBAND SHOULD BE WORN WHEN RIDING

The undersigned hereby agrees: 1. To release management, its members and agents, and the owners of the grounds where the event is held from any loss, damage, liability or injury arising from this seminar or enrollee's participation therein, including negligent acts or omissions of the management, members or agents and the owners and management of the grounds where this seminar is held: 2. To indemnify, hold harmless, and defend the USEA, Inc. the facility owners and management of this seminar from and against all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from enrollee's entry or participation in this seminar, or from acts or omissions of enrollee or enrollee's agent.

Riders Signature _____ Date _____

Horse Owner/Agent Signature _____ Date _____

SEMINAR FEE: \$370.00 (See Membership Form on website)

Includes: Friday Dressage, Two mounted sessions Saturday and one mounted session Sunday.

STABLING: \$30.00/Night

Full payment with application enrollment application, and check made payable to **AREA VI ADULT EDUCATION CLINIC** - Mail To: VICKY MATISI, 86 MT. MADONNA ROAD, WATSONVILLE, CA. 95076