



Registration Form for 2024 CRDA Adult Camp
Opening date: March 18, 2024 (Half-Camp March 25, 2024)

(No early postmarks or hand-delivered entries please!)

Closing date: Entries postmarked on/before April 12, 2024 (in-hand, so mail early)

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Horse's name: _____

Horse's age: _____ Horse's Gender (circle one): M G S

Please describe your level of riding and your horse's level of training: _____

Stabling needed (indicate timeframe): _____

Select one: Traditional Camp: _____ Half Camp: _____

Cancellation policy: Full refund will be made upon written request, if received on or before the closing date. If the rider cancels for any reason after the closing date, the rider is responsible for paying his/her camp entry fees. Effort will be made to fill the rider's place by a substitute rider, but refunds for cancellations after the closing date are not guaranteed.

I hereby attend this camp/clinic/competition at my own risk, subject to the rules of the Charles River Dressage Association, Inc. ("CRDA") and the hosting facility. I hereby agree to be responsible for any injury or damages that may occur to myself or others, or be caused by any animals, vehicles, or trappings, belonging to or exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless CRDA and its directors, officers, members, and volunteers; the hosting facility, its own, employees, and agents; any and all clinicians, instructors, managers, volunteers, and any of their agents from any damage, expense and/or liability arising out of or resulting from any act or omission of myself, said CRDA, hosting facility, clinicians, instructors and their agents, servants or employees. I certify that all my horse(s) are free from contagious disease. Warning: An Equine Professional is not liable for any injuries to, or death of, a participant in equine activities, pursuant to Chapter 128, Section 2D of the Massachusetts General Laws.

Signature: _____ Date: _____

I agree to let CRDA take photos of me and/or my child and use those photos for club advertising, promotion, and club communications on all types of media.

Signature: _____ Date: _____

Please sign this form and include a copy of your horse's current Coggins, a signed Apple Knoll release form, and a check for your entry fee and stabling fees. Make your check payable to the Charles River Dressage Association. Send entries to:

Terry Brennan
645 Central Turnpike
Sutton, MA 01590