



UNITED STATES *Dressage* FEDERATION  
**Platinum Performance/USDF Adult Clinic Series**

**Rider Application and Information**

**THE QUEST OF THE PYRAMID**  
**From Relaxation to Collection**  
*Featuring Charlotte Bredahl Baker*

I am applying to ride in the following clinic:

<i>Region</i>	<i>Clinic Dates</i>	<i>Application Deadline</i>	<i>Location</i>
<input type="checkbox"/> 9	March 20-21, 2010	January 22, 2010	Clifton Farms, Hernando, MS
<input type="checkbox"/> 4	April 10-11, 2010	February 12, 2010	Leatherdale Equine Center, St. Paul, MN
<input type="checkbox"/> 1	May 8-9, 2010	March 5, 2010	Hassler Dressage at Riveredge, Cheasapeake City, MD
<input type="checkbox"/> 2	October 30-31, 2010	August 27, 2010	Rosebud Ranch Equestrian Center, Brookston, IN
<input type="checkbox"/> 6	March 19-20, 2011	January 21, 2011	Summervale Farm, Roy, WA

**RIDER INFORMATION** *(please print)*

Rider Name \_\_\_\_\_ USDF \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ *I have verified that I am a current USDF participating, group, or intercollegiate/interscholastic member.*  
 (initial)

*Please check here if any of your contact information has recently changed so that we may update our records.*

Current regular instructor \_\_\_\_\_

Other instructors you currently work with \_\_\_\_\_

**HORSE INFORMATION**

Horse's Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_ Sex (Mare, Gelding, Stallion) \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_

Owner's Name \_\_\_\_\_

**FOR OFFICE USE ONLY**

- |  |  |                                       |   |                                       |
|--|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Receipt Confirmed   | <input type="checkbox"/> Video enclosed  | <input type="checkbox"/> Selected     | <input type="checkbox"/> Notified         | <input type="checkbox"/> Release Form |
| <input type="checkbox"/> Membership Verified | <input type="checkbox"/> Video to follow | <input type="checkbox"/> Alternate    | <input type="checkbox"/> Payment Received | <input type="checkbox"/> Guest Form   |
|  | <input type="checkbox"/> No Video        | <input type="checkbox"/> Not Selected | <input type="checkbox"/> BIO Received     |                                       |

## SELECTION CRITERIA

Selection will be based on the following information concerning the achievements and history of the horse and rider combination, unless otherwise stated. A combination of adult amateur and professional riders may be selected for each clinic. Please refer to Guidelines for the Selection of Riders for complete selection criteria.

· Do you receive regular instruction from an instructor? YES NO Frequency \_\_\_\_\_

Instructor/Reference (required): \_\_\_\_\_

*Selection Committee has the option of contacting this person*

Instructor/Reference Statement (recommend): Write a brief description of the rider's abilities, frequency of instruction, and confirmed level (*additional information may be added*).

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Instructor/Reference Contact Information: Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

· At what level are you currently working with this horse? Schooling \_\_\_\_\_ Competing \_\_\_\_\_

· *Please indicate your previous clinic experience (as a rider)* \_\_\_\_\_

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· How long have you and this horse been working at this level? \_\_\_\_\_

If competing, please provide the following information:

Competition Name/Date	Test	Scores Earned	Was it USDF recognized?
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· Have you competed at a level higher than the level you are applying? YES NO

If YES, at what level have you competed? \_\_\_\_\_

· What are your short and long term goals for this horse? \_\_\_\_\_

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- Have rider/horse been 'off' due to injury in the past four (4) months? \_\_\_\_\_
  - If so, have rider/horse fully recovered? \_\_\_\_\_ In no, explain: \_\_\_\_\_
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- Is rider/horse ready to accept workload that will be expected during the clinic? \_\_\_\_\_

**REQUIRED:** Applications **MUST** be accompanied by a short video/DVD (preferably only 5-8 minutes) of you and the horse listed on the application. **The work on the video should reflect the level at which you have stated you and your horse are currently working and must include movements from the level. Video/DVD will not be returned.** The selection committee will attempt to view submissions in other formats, if convenient, but these formats may not be viewable and thus may not be considered.

- VHS/DVD tape enclosed       VHS/DVD tape to follow under separate cover       No VHS/DVD tape will be submitted

The criteria in this application are meant to serve as guidelines for selecting riders for this program. Accordingly, USDF reserves the right to select riders most suitable for this program. Please refer to the Guidelines for the Selection of Riders at [www.usdf.org](http://www.usdf.org) for complete criteria.

- If not selected to ride, I am willing to be an alternate. The latest I could be notified and still participate is \_\_\_\_\_

How did you hear about this clinic?     USDF Connection ad     other ad \_\_\_\_\_     flyer

- GMO newsletter       Word of Mouth     e-news     USDF website     other website \_\_\_\_\_

**WAIVER OF LIABILITY AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY**

A waiver of liability will be sent upon selection. An additional waiver of liability may be required by the facility.

I, as rider and/or owner, accept full responsibility for the ability of myself and the horse I will be riding to perform in the clinic with risk of injury or re-injury.

I agree to abide by all USDF rules and fulfill all financial commitments related to this clinic. **Regardless of any agreements between the rider and the horse's owner, the rider, as the clinic participant, is ultimately responsible for paying the \$250 clinic fee to USDF and for paying the stabling and any related fees to the facility hosting the clinic.**

**I am aware that I must be a current GM or USDF Participating Member in order to be selected to ride in this clinic. I have verified that my USDF membership is current.**

\_\_\_\_\_  
Rider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Horse Owner's Signature

\_\_\_\_\_  
Date

*(Horse owners please note: if you wish to attend the clinic you must either register to audit or be designated by the rider as the rider's guest)*

Please return this completed form to USDF to be received by the application deadline. **Note that faxed applications are sometimes difficult to read and therefore may not get full consideration. If at all possible, please send your original application by mail, even if you have already faxed a copy** to United States Dressage Federation, Inc. Attn: Adult Clinics Program Coordinator.

*If you need additional information or have any questions, please contact the USDF office at (859) 271-7877 or [adultclinics@usdf.org](mailto:adultclinics@usdf.org).*