



**Current Coggins & USEF  
Vaccination Required**

## Peter Gray USEA Clinic April 27-28, 2019

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

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

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

Horse Owner (if different from rider): \_\_\_\_\_

Horse Owner Address: \_\_\_\_\_

Owner phone: \_\_\_\_\_ Owner email: \_\_\_\_\_

Rider Level (circle one):      Starter      BN      N      T      P      I      A

Horse Level (circle one):      Starter      BN      N      T      P      I      A

Junior/Young Rider Age: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

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

### ALL PARTICIPANTS MUST SIGN THE FOLLOWING RELEASE:

**WARNING:** Under the Equine Activity Liability Act, each participant who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk on Equine activity. I understand that this is a high risk sport and I am participating at my own risk. I hereby release and hold harmless: Jennifer Rousseau, L'Esprit Equestrian, Peter Gray, Snow Angels Farm, KB Porter School LLC, Oliver and Erin Cotter, and all others involved from all liability for accidents, damage, injury or illness sustained or caused as a result of my participation in this clinic. (Parent/Guardian if under 18)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*Early Registration - or - If you are a member of USEA Area IV, US Pony Club or Returning L'Esprit Clinic Participant:*  
Fee: \$400 for the 2 day clinic

*Registration after March 15, 2019:*      Fee: \$450 for the 2 day clinic      *(Register early, space is limited)*

*Stabling:*      \$35 per night, limited availability      Fri Night \_\_\_ Sat Night \_\_\_

*Day Stabling:*      \$20 per day, limited availability      Sat Day \_\_\_ Sun Day \_\_\_

L'Esprit Equestrian, Snow Angels Farm and USEA releases will be available via email.

**Riders will be notified of ride times and clinic details by e-mail.**

Questions: email cskudlarek66@gmail.com or Chris' cell 708-846-0974

Send all signed forms and payment to:      L'Esprit Equestrian  
c/o Chris Skudlarek  
201 N. Withorn Lane  
Mount Prospect, Il 60056

Check list:      Entry Form w/signature \_\_\_\_\_      Updated Vaccinations \_\_\_\_\_  
Copy of current Coggins \_\_\_\_\_      Check made out to L'Esprit Equestrian \_\_\_\_\_