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Are proud to present:

Understanding Western Dressage and How it can Aid in Overall Balance and Training

Clinic Date: **April 2 & 3, 2022**

Clinician: **Julie Haugen**, USDF 'r' judge, USEF WD 'R' Judge

Location: **Roy Yates Arena**, 2033 J Rd. Fruita, CO 81521



Julie Haugen has over 30 years of experience training multiple breeds in various disciplines and instructing all levels of riders. The principles of dressage are at the core of her passion which she uses to help both horse and rider to become the best team they can be. She has won or facilitated the win of over 45 National and World titles in the Morgan Breed and Western Dressage arenas. Her biggest pride is in seeing her clients succeed in the arena, whether it be at home or the show pen. Becoming a USEF Judge in both traditional Dressage and Western Dressage has aided in her teaching and helped to clarify her passion for these divisions.

This fun and educational clinic is suitable for riders of all abilities!!

- Riders new to Western Dressage will ride in groups of 3-4
- More advanced riders can choose a private session if they prefer
- Group sessions will include an introduction to Western Dressage principles for horses and riders and how to integrate it into your everyday training.
- Anyone who would like to ride a test and receive Julie's feedback will have that opportunity. This is a great way to learn from each other!
- Participants are encouraged to audit (free) other sessions.

\$65 per rider/group session (1.5 hrs)

\$85 per rider/private session (45 min)

Audit \$15/day (free for WDACO members)

Overnight stalling may be available

For information contact:

Megan Bretey (Education/clinic coordinator for Grand Valley Dressage Society)

970 250 5812, meganbretey@gmail.com

Or

Silja Knoll (Clinic Coordinator Western Dressage Association of Colorado)

970 402 5104 siljaknoll@yahoo.com

To register see attached forms

Registration deadline: March 13th, 2022



Julie Haugen Clinic Registration for Riders and Auditors

Rider Name: _____

Address: _____

Email: _____

Phone number: (_____) _____

Horse Name: _____ Age: ____ Breed: _____

What level are you currently riding? _____

Auditor Name: _____

Address: _____

Email: _____

Phone number: (_____) _____

Name and phone # of Emergency contact: _____

Fees: (Circle all that apply)

Saturday April 2, 2022: Group lesson \$65/rider Private session \$85 Auditing: \$15 (free for WDACO members)

Sunday April 3, 2022 Group lesson \$65/rider Private session \$85 Auditing: \$15 (free for WDACO members)

Total: _____

Make check out to WDACO and mail check and completed registration and signed waivers by **March 13th, 2022** to:

WDACO c/o Silja Knoll, 5100 Glen Dr, Berthoud, CO 80513.

For questions call, text or email 970 402 5104, siljaknoll@yahoo.com

Clinic fees are non-refundable unless you or WDACO can replace your ride.

You will be notified by email of further details and receive information about lodging and stalling options if needed.

If you wish to join WDACO, we would love to have you! Go to WDACO.org We look forward to seeing you at the clinic!

RELEASE AND HOLD HARMLESS AGREEMENT

The Undersigned assumes the unavoidable risk inherent in all horse-related activities, (trailer, lunging, grooming, lessons, trail riding, ring riding, horse shows etc.) Also including any activity around mechanical equipment; tractors, lawnmowers, weed eaters and equipment used to clean stalls and keep up maintenance on a farm. Including but not limited to bodily injury and physical harm to horse, rider, and spectator.

In consideration, therefore, for the privilege of riding and/or working around horses with Jennifer Hibpshman at any location. The Undersigned does hereby agree to hold harmless and indemnify Jennifer Hibpshman, agents or employees and further release them from any liability or responsibility for accident, damage, injury, or illness to the spectator accompanying the Undersigned on the premises where horse-related activities are being performed.

WARNING: Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

Signature

Print Name

Address

Phone number

Signature of Parent or Guardian



ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

By my signature below, I, the participant, acknowledge that I have voluntarily applied to participate in the following equine activities, which activities are produced and/or sponsored by **Western Dressage Association of Colorado, (WDACO).**

Western Dressage clinic, name: _____ Date: _____

In consideration of the Event Sponsors allowing me to participate in the Activities, I agree as follows:

1. **Assumption of Risks.** I acknowledge that there are numerous inherent risks associated with equine activities, including but not limited to: (a) the propensity of equines to behave in such ways as to result in injury or death to persons around them; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movements, unfamiliar objects, persons or other animals; (c) collision with other animals; and (d) the potential of participants to act in a negligent manner that may contribute to injury to the participant or others. With full knowledge and appreciation of these and other inherent risks associated with the Activities, I freely and voluntarily assume such risks.

2. **Waiver and Release of Liability.** Understanding and assuming the risks of the Activities, I hereby waive any and all rights to sue and hereby release the Event Sponsors and their respective directors, officers, members, employees, volunteers, agents, contractors and representatives (collectively, the "Releases") from any and all liability, loss, claims or actions that I, my assignees, heirs, or legal representatives may have for property damage, injury or death (including to my horse) resulting from the Activities. This waiver and release is effective even if the property damage, injury or death is caused by or contributed to by actions or failure to act of the Releases that constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities.

3. **Permission to Summon Medical Assistance.** If I am injured during the course of participating in the Activities and am unable to verbally communicate, I hereby grant permission to the Event Sponsors to summon medical assistance for me if they deem it necessary in their sole discretion. I further agree to be financially responsible for payment of all costs resulting from the rendering of medical aid and/or ambulance services in the event of an injury, accident, illness to me while participating in any activities associated with the Western Dressage Event.

4. **Indemnification.** I also agree to indemnify and hold harmless the WDACO, and their respective clinicians, judges, officers, directors, managers, members, employees, agents, assistants, representatives, assigns and others acting on their behalf against all liability, claim, loss, action or expenses which are sustained, suffered or incurred by any third person(s) that I may cause (directly or indirectly) while engaged in any or all of the Activities at any time and at any location in connection with my attendance or participation in the event or instruction. ["Third persons" are any and all people who are not parties to this Agreement and includes, but is not limited to, my relatives, guest or other clinic participants, spectators or visitors, etc.]. The indemnification shall include reimbursement of the Clinician's, Judge's or Facilitator's reasonable attorney fees.

5. **Intent.** This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

6. **I,** for myself and/or on behalf of my child or legal ward, have been fully warned and advised by the WDACO, and their clinicians, judges and facilitators, hereinafter referred to Agent, that I should purchase and wear properly fitted and secured ASTM-standard/SEI-certified protective headgear (helmet and strap) that is designed for use by equestrians when riding or near horses and ponies in order to reduce the severity of some head injuries and possible prevent death from happening as the result of a fall or other occurrences. I am not relying on the Agent or anyone affiliated with the Agent to provide a certified equestrian helmet or headgear for me, to check any helmet or strap that I may wear or to monitor my compliance with this suggestion at any time - now or in the future. Children under the age of 18 must wear a helmet. If I choose to wear an ASTM-standard/SEI certified helmet and headgear, or if I choose not to, this is my decision alone.

Under Colorado Law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to section 13-2-120, Colorado Revised Statutes.

I HAVE READ THIS ASSUMPTION OF RISK, WAVIER AND RELEASE OF LIABILITY AND I AGREE TO BE FULLY BOUND BY ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION.

If the participant is under 18 years of age, the Participant's parent or guardian must read and sign below, indicating his or her acceptance.

The undersigned declares that he or she is the parent or legal guardian of the participant and is over 21 years of age. The undersigned has read this Assumption of Risk, Wavier and Release of Liability, and agrees that all of the terms and conditions contained herein shall be binding upon both the undersigned and the Participant.

Event Name _____ Date: _____

SIGNATURE	PRINT NAME