



DRESSAGE CLINIC WITH DAVID MACMILLAN

September 30 – Oct 1, 2023

Escambia County Equestrian Center
7750 Mobile Hwy. Pensacola, FL 32571

David is a sought-after clinician and conducts clinics regularly across the United States, as well as South Africa where he is originally from.

Under the direction of excellent coaches including Monica Theodorescu of Germany, at 16 years old, David attained a world ranking in the 1994 FEI International Samsung Competition. He has been training professionally ever since.

In 2012 David was long listed to represent South Africa at the Olympic Games in London. In 2020 David represented the United Kingdom on the CDI circuit. He now has over 100 national dressage awards to his credit.

Even though David enjoys training and competing, he loves teaching just as much.

Whether you ride Classical Dressage, Western Dressage or just want some help on reaching your goals, this is the clinic for you!

Dressage Clinic with David Macmillan
September 30-October 1, 2023

Escambia County Equestrian Center 7750 Mobile Hwy. Pensacola, FL 32571

Rules and Regulations:

- SEI/ASTM Helmets MUST BE worn at all times while mounted.
- Refund Policy:
 - Withdrawing or canceling prior to 14 days before the event - fees will be refunded.
 - Withdrawing or canceling 14 or less days prior to the event, refunds will only be considered on receipt of a veterinary or medical certificate. If a refund is approved, fees will be refunded minus the initial \$125.00 deposit. If there is a waitlist, Florabama Chapter of DSDCTA will try to fill the position on behalf of the member. If no waitlist, members have the option to arrange for another member or rider to take their place.
- A copy of negative coggins test, event participation agreement, liability waiver, and deposit must be included with this entry form.

Riders Name:	Riders Level/Experience
Horses Name:	Horses Level/Experience
Riding Goals:	
Address	
Email:	Phone Number:
Please mark your choice(s): <ul style="list-style-type: none"> ○ \$325.00 Members - 2-day Rider (45-minute private lesson each day) ○ \$165.00 – 1-day Rider (priority will be given to 2-day riders) <p style="text-align: center;">_____ Saturday or _____ Sunday</p> <p style="text-align: center;">\$125.00 Deposit due at time of registration to reserve rider spot.</p> <p style="text-align: center;">Balance due September 25, 2023</p>	
Stabling \$30.00 (per day) – please select day. <ul style="list-style-type: none"> ○ Friday ○ Saturday ○ Sunday 	<ul style="list-style-type: none"> ○ Weekend Stabling \$60.00 for Friday arrival – Sunday departure
Shavings \$7.00 Per bag -- # of bags _____	
RV Site \$30.00 (per night) <ul style="list-style-type: none"> ○ Friday ○ Saturday ○ Sunday 	<ul style="list-style-type: none"> ○ Weekend RV site \$60.00 for Friday arrival – Sunday departure
Total Clinic cost:	

Mail to: Florabama DSDCTA 5519 Joggers Ln. Pace, FL 32571 Email to: florabamadsdcta@gmail.com

Check made payable to Florabama DSDCTA

***Credit card payments accepted at paypal.me/flbama (friends and family ONLY)

The Florabama Chapter of Deep South Dressage and Combined Training

COMPLETE RELEASE FROM LIABILITY IN CASE OF INJURY OR LOSS, WAIVER INDEMNITY AGREEMENT

I/we understand that horseback riding and related activities, such as dressage, eventing and jumping, are very dangerous and involved the risk of serious injury and/or death, and/or property damage, including injury and/or death to horses, spectators, and others. Accordingly, I/we agree that any activity engaged in, hosted by Florabama DSDCTA, by me on the host premises or related to horses, or horseback riding, is done at my own risk. Accordingly, I/we release and agree to hold harmless Florabama Chapter of DSDCTA as well as the host premises, along with its board of directors and employees, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees, promoters, sponsors, other horse riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called Releasees) from all liability for negligence or otherwise. I/we assume full responsibility for the risk of bodily injury, illness, communicable disease, death of myself and/or my horse(s) and any property damage due to negligence of Releasees or otherwise while on the host premises and the Florabama Chapter of DSDCTA along with its board of directors and employees or heavily engaged in horseback riding-related activities, and/or while training, riding, competing, officiating, observing, volunteering, teaching, boarding, working for, or for any purpose relating to horseback riding, dressage, eventing, jumping, or participating as rider or spectator in such activities.

I/we agree not to sue Florabama Chapter of DSDCTA, the host premises, along with its board of directors and employees, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees, promoters, sponsors, other horse riders, horse owners, advertisers, sales persons, photographers, volunteers, any Releasees, and I/we release and agree to indemnify for the Releasees form and for all liability for the undersigned, his/her person, representatives, assignees, heirs, and demands therefore on account of injury to her person or property, or communicable disease, or death of undersigned whether caused by negligence of the Releasees or otherwise.

I/we have read and voluntarily signed the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreements have been made nor shall be made except by written and signed addendum.

Florida Warning

Under Florida law, an equine sponsor or 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.

Miscellaneous. 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.

Signature of Participant:		Date:
Print Name of Participant:		
<i>If under 18:</i> Signature of Parent or Legal Guardian:		
<i>If under 18:</i> Print Name of Parent or Legal Guardian:		
Full Address of Participant:		
ER Contact Name:		ER Contact Phone #: