



## Fix-A-Test Clinic

Hon. Carter Bass  
April 1, 2007  
Touch Point Farm, Culpeper

FEES: VADAF Members – Free (One ride only.)  
Non-VADAF Members - \$50 (Make checks payable to VADAF.)  
Non-VADAF audits - \$15

Rider times will be available on VADAF WEBSITE: [WWW.VADAF.8M.COM](http://WWW.VADAF.8M.COM)

Rider \_\_\_\_\_ Email \_\_\_\_\_

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

Phone: \_\_\_\_\_ Circle one: Jr/YR Senior

Neg. Coggins Date \_\_\_\_\_ (attach copy).

Test to be ridden \_\_\_\_\_ Horse's name \_\_\_\_\_

**Entries:** Open until filled. Limited number of openings. Early registration is strongly encouraged. A waiting list will be started if more entries are received than can be accommodated. If you are placed on a waiting list, you will be notified. Otherwise, you will be notified of ride time either by email or phone.

**Mail signed form, fees, and Neg. Coggins to: Anne Bruce**  
**7307 Harvest Lane**  
**Fredericksburg, VA 22407**

**For additional information contact:** Anne Bruce [annebruce@msn.com](mailto:annebruce@msn.com) 540-786-1842 or Sallie Spenard [spenarda@hughes.net](mailto:spenarda@hughes.net)

### **VIRGINIA DRESSAGE ASSOCIATION FREDERICKSBURG CHAPTER (VADAF) Liability/Release Form**

I, the undersigned, understand that there are risks of injury and death inherent in all equine activities, including the event named below. Such risks include, but are not limited to: (i) the propensity of an equine to behave in dangerous ways which may result in injury to or death of participants in such activities; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions. I assume all risks of injury, death, and/or injury or damage to property, including equines, associated with participation in equine activities. I waive all rights to sue VADA, VADAF, and/or any of their officers, directors, volunteers, employees and agents, the judges at this event, the owner or lessor of the facilities where the event is held, and/or any sponsor of this event, for injury to or death of me, or where applicable, the junior rider named below, and/or for injury or damage to property, including equines. I agree to indemnify and hold harmless the foregoing parties from and against any and all such claims of injury, death, or damage. This Liability/Release form is to be construed in accordance with, and to be as broad as permitted by, the Equine Activity Liability Act set forth in the Virginia Code. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. Emergency Contact and Phone number on the Day of Event:

\_\_\_\_\_  
Agreed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Rider Signature of parent or guardian, if Junior Rider