



DVCTA QUADRILLE GENERAL INFORMATION SHEET

Rider's Name _____ Date _____

Address _____

Email _____ Shirt Size _____

Cell Phone _____ DVCTA Number **(required for exhibitions)** _____

Rider's Quadrille Experience _____

Horse's Show Name _____ Nickname _____

Horse's Barn _____

Date of Current Coggins (please attach) _____ **Proof of Flu/Rhino w/in 6 mo (please attach)** _____

Breed _____ Sex _____ Size _____ Color _____ Age _____

Level of Training _____ Level Currently Showing _____

Horse's Quadrille Experience _____

INTERESTED IN:

☐ Quadrille Playdates

Playdates will be held, weather permitting, on a first-come, first-served basis. Maximum 12 riders per session. Details will be posted on website www.DVCTA.org. Signed release, Coggins and proof of flu/rhino required. No refunds unless spot can be filled or Playdate is cancelled. \$50 per session for DVCTA members; \$60 for non-members. Contact Anne Miller at QuadSquad@comcast.net to register.

☐ Competitive Quadrille LEVEL: _____

☐ Competitive Pas de Deux LEVEL: _____

☐ Exhibition Quadrille: ☐ First Level Team ☐ Second Level Team ☐ Third Level Team

Available for practices: ☐ AM Weekdays ☐ PM Weekdays ☐ Weekends

\$25 Rider Participation Fee payable to "DVCTA" is due from each rider who performs in an exhibition ride. Payable once you make the team. These funds help defer costs for costumes, ring fees, insurance, etc. Open to DVCTA members only.

☐ Quadrille Support Team: ☐ Sewing ☐ Fundraising ☐ Practice Rider
☐ Assistant to Coach ☐ Sponsor ☐ Video Volunteer
☐ Horse Holder at Practices ☐ Horse to loan Quad Rider

RELEASE: I/WE acknowledge that equine activities, whether riding, working or being around equines, is a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or unmounted, I release and, in addition, agree to hold harmless DVCTA, Anne Miller and any possessors of land from any and all claims and demands of every kind, nature and character which I may have or may hereafter acquire, for any claim of bodily injury, death or property damage and from all liability for negligent acts or omissions. In addition, I specifically release DVCTA, Anne Miller, and any possessors of land on which this activity occurs for injuries to any part of my body, including death, whether the same may have been caused by the negligence of DVCTA, Anne Miller, and/or any possessors of land. I agree that DVCTA, Anne Miller, and any possessors of land have the right to refuse this entry for any cause which the organization and or organizer shall deem sufficient.

Signed _____ Date _____

Rider or Parent/Guardian (if Rider is under 18)

PLEASE CHECK ONE AND SIGN BELOW:

☐ I hereby authorize DVCTA to publish any photographs taken of me, and my name, for use by DVCTA in any capacity. I acknowledge that since my participation in these photos is voluntary, I will receive no financial compensation. I further agree that my participation in DVCTA photos gives me no rights of ownership whatsoever. I release DVCTA from liability for any claims by me or any third party in connection with my participation.

☐ I DO NOT WANT PHOTOS TAKEN OF ME OR MY HORSE AT QUADRILLE-RELATED EVENTS TO BE USED BY DVCTA.

Signed: _____ Date: _____