



NAME _____ CERTIFICATION LEVEL _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____
 APPLICANT SIGNATURE _____ DATE _____ USEA MEMBER ID _____

ASSESSMENT FEE: \$550.00
RE-ASSESSMENT FEE (all 3 phases): \$550.00
RE-ASSESSMENT FEE for 1 or 2 phases:
\$150.00 PER TEACHING PHASE (\$300.00 maximum)

You may re-assess for a maximum of 2 teaching phases. If you were unsuccessful in all 3 teaching phases, you must pay the full Re-Assessment Registration fee: \$550.00

I am registering for:

Area II – Purcellville, VA – Windchase

Area IV – Woodstock, IL – Jigsaw Farm

June 26-28, 2023

October 8-10, 2023

Deposit of \$125.00 is required with your registration application. Balance due 30 days prior to the start of the Assessment. You may pay the full amount at the time of registration.

- Enclosed is my check to cover the deposit: \$125.00
 - Enclosed is my check to cover the full assessment or re-assessment fee of \$550.00
 - Enclosed is my check to cover one phase \$150 two phases \$300
 - I am re-assessing for (check appropriate box(es)) Dressage Show Jumping Cross-Country
- Please charge the Deposit (\$125.00) Full amount \$550.00 Re-assessment one phase \$150 two phases \$300
- To my: Visa Master Card American Express
- Credit Card # _____ Exp Date: _____ CVV: _____
- Name on card: _____
- Signature of card holder _____

- Please indicate by checking one of the following, your preferred method of payment of the BALANCE DUE:
- Please charge the balance due to my credit card 30 days prior to the Assessment
 - I will send a check for the balance due 30 days prior to the Assessment (*Checks should be made payable to USEA (U.S. funds only)*)

Registration forms, including the release form, which are not completed and signed will not be accepted.

Mail or Email: signed registration application, payment, and release form to:

Nancy Knight
 USEA
 525 Old Waterford Road, NW
 Leesburg, VA 20176
 nancy@useventing.com



USEA EDUCATIONAL ACTIVITIES AND SCHOOLING SHOWS RELEASE FORM

NAME OF ACTIVITY/SCHOOLING SHOW: _____ USEA AREA: _____
DATE(S) HELD: _____ LOCATION: _____ STATE: _____

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA and, where applicable, the **U.S. Equestrian Federation Rules for Eventing**.

I agree to wear personal protective equipment when participating in this educational activity. When riding and handling equine, I agree to wear protective headgear passing or surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the **U.S. Equestrian Rules for Eventing**. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband or bracelet.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; sickness and disease (including communicable diseases); and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity **I agree** to assume responsibility for those risks, and **I release** and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

PARTICIPANT'S NAME (Please Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ EMERGENCY CONTACT PHONE: _____

FAX: _____ EMAIL: _____

TRAINER'S NAME (AT THIS EVENT): _____ PHONE: _____

NUMBER OF HORSES I WILL BE RIDING DURING ACTIVITY (if applicable): _____

Current Riding Level (if applicable):

Beginner Novice Novice Training Modified Preliminary Intermediate Advanced

Check appropriate box:

I am an active USEA member and my number is #: _____

I am not a USEA member.

I am not a USEA member. I wish to join and have enclosed my membership form and dues.

Check here if participant is under 18 years old.

SIGNATURE: _____ Date: _____

(If participant is under 18, Release must be signed by parent or legal guardian, **not by trainer or instructor**. This release form is valid only when signed personally by the participant. Signatures of all others, with the exception of a parent or legal guardian of a minor, will not be accepted in the event a claim is filed.)

Rev. 12/20