



# INSTRUCTORS' CERTIFICATION PROGRAM ASSESSMENT REGISTRATION FORM



Must be 18 years or older to register  
Must provide a Criminal Background Check  
Must be a current USEA member at time of Assessment

Must be an ICP Registered Candidate Instructor  
Must show proof of current Liability Insurance  
Must show proof of current CPR/First Aid Certification

**(No ICP Certificate will be issued until all of the above-listed requirements are met)**

**APPLICANT NAME:** \_\_\_\_\_  
*(please print or type)*

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **USEA MEMBER #:** \_\_\_\_\_

**ASSESSMENT DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**CERTIFICATION LEVEL:** \_\_\_\_\_

## ASSESSMENT REGISTRATION FEE: \$500.00

***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 initial deposit: \$125.00  
 Enclosed is my check, to cover the full Assessment fee: \$500.00

*Checks should be made payable to USEA (U.S. funds only)*

Please charge the:  deposit (\$125.00)  full amount (\$500.00)  
to my:  Visa  Master Card  American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate by checking one of the following, your preferred method of payment of the BALANCE DUE:

- Please charge the balance due to my cred card 30 days prior to the Assessment  
 I will send a check for the balance due 30 days prior to the Assessment

Registration forms which are not completed and signed on the front and back (release form) will not be accepted.

**Mail: signed registration application, payment, and release form to:**

**Nancy Knight  
USEA  
525 Old Waterford Road, NW  
Leesburg, VA 20176  
703-669-9997 703-779-0550 (fax)**



# RELEASE FORM FOR USEA ICP ASSESSMENT



NAME OF ACTIVITY: ICP Assessment USEA AREA: \_\_\_\_\_

DATE(S) TO BE 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 protective headgear when riding. When jumping, 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.

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; 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: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NUMBER OF HORSES I WILL BE RIDING DURING ACTIVITY (IF APPLICABLE): \_\_\_\_\_

### LEVEL NOW RIDING (CHECK ONE IF APPLICABLE):

BEGINNER NOVICE     NOVICE     TRAINING     PRELIMINARY     INTERMEDIATE     ADVANCED

### CHECK APPROPRIATE BOX:

- I am a USEA member and my number is #: \_\_\_\_\_
- I am **not** a USEA member
- I am **not** a USEA member. I wish to join and enclose my membership form and dues.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_