



INSTRUCTORS' CERTIFICATION PROGRAM WORKSHOP ENTRY FORM



INSTRUCTOR CANDIDATE – PLEASE INCLUDE THE FOLLOWING WHEN YOU SEND IN YOUR ENTRY:

1. This entry form completed and signed (Must be 18 years or older to enter)
2. Copy of your current USEA Membership card (if applicant is a USEA member)
3. The USEA Educational Activity release signed (second page)
4. Are you an ICP Registered Candidate Instructor?
 yes, I'm registered at Level _____; no, not registered
5. Check for entries made to organizer (see below), **\$400 for Level I/II or II/III Workshop**
\$500 for Level III/IV Workshop

AUDITORS – PLEASE INCLUDE THE FOLLOWING WHEN YOU SEND IN YOUR AUDITOR RESERVATION:

1. This entry form completed and signed. (If under 18 years, need guardian to sign.)
2. The USEA Educational Activity release signed. (second page)
3. Payment for entries made to organizer (see below), **\$50 per auditor per day.**
 Auditors do not need to be USEA members.

ENTRY INFORMATION –

1. Candidate Instructor Name _____
2. Auditor Name _____ Guardian(for under 18) _____
 What days are you auditing? Day 1 Day 2 Day 3 (1/2 day)
 Total fees enclosed \$ _____

E-MAIL ADDRESS _____

(schedules and updates will be sent via email)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ WORK _____ CELL _____

ORGANIZER

Mail entries and payment to:

TYPE OF PAYMENT

- Check for full payment Check for deposit \$ _____ full payment due 30 days prior to workshop
 or
 Charge for full payment Charge for deposit \$ _____ full payment due 30 days prior to workshop
 Visa MasterCard American Express
 Credit card number _____ Expiration Date _____ CVV _____
 Signature of card holder _____ Date _____



RELEASE FORM FOR USEA ICP WORKSHOP



NAME OF ACTIVITY: USEA ICP Workshop 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: _____

ORGANIZER – THIS PERSON: _____ IS/OR BECAME A USEA MEMBER