



NODA Member Dressage Jr/YR Clinic

with Danielle Hebler, a USDF Bronze & Silver Medalist, and owner of DB Sport Horses LLC

When: July 10, 2022, Saturday (9am – 5pm) **Open Date:** June 1, 2022 **Close Date:** June 30, 2022/filled

Where: Noble Farms, 10489 Pekin Rd., Newbury Township, Ohio 44065

What: Here is your opportunity to improve your dressage riding with a local professional trainer/instructor who also was a successful young rider.

Ride Times: Rides will be scheduled every 45 minutes. Ride times will be emailed the Wednesday before the clinic. If you are trailering with another rider/horse, please indicate in the special notes below. If you would prefer morning or afternoon, also indicated below. Auditors WELCOME.

Cost per Ride \$25 for NODA Jr/YR members. (You will also receive a NODA polo type shirt!)

Circle Shirt size here: Youth S M L LX Adult S M L XL

** Don't forget you can use your valuable NODA bucks to help pay for your clinic fee!

REGISTRATION FORM, print & mail the form below with your clinic payment. PLEASE DO NOT SEND CASH

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Horse Name _____ Dressage Test level(s) _____

Clinic Fee - NODA member \$25 x _____ Total Enclosed \$ _____
(Per horse and rider pair)

SPECIAL NOTES: _____

Make Check Payable To: Northern Ohio Dressage Association (or NODA)
Mail Check To: Jennifer Cooper, 6395 Paine Rd., Painesville, OH 44077
Questions & Clinic Contact: 216-469-3920 (Voice/Text) or Jr/YR@nodarider.org

WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

A waiver of liability may be required by the organization and the facility. Rider/owner will accept full responsibility for themselves and the horse in regards to risk of injury. Rider/owner will abide by all facility regulations. Regardless of any agreement between the rider and owner, the rider is ultimately responsible for any fees owed to the facility for stabling and/or bedding.

Rider's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____
(If rider is under 18)

Owner's Signature _____ **Date** _____

***** Proof of Negative Coggins within one year of clinic date required with application. ***
An ASTM/SEI Certified helmet must be worn at all times when mounted.**

