



Northern Ohio Dressage Association & Lake Erie College

Present – **Adult Clinic with Lendon Gray**

When: Friday October 29, 2021 Registration / Check-In begins 8:00 AM
Where: Lake Erie College George. M. Humphrey Equestrian Center
What: 45 Minute Clinic Ride with Lendon Gray
Cost: \$200 – \$230 Individual Clinic Ride – Lunch included

Walk-In Auditors are welcomed BUT Lunch is included for Pre-Registered

Clinic Rides & Auditing

\$200.00 – NODA Members & LEC Staff or Students
\$230.00 – All Others
\$ 50.00 – Stall Rental -Thursday night & Friday
\$ 10.00 – Audit No Charge – Register for Lunch \$10



Name _____

Address _____

City _____ State _____ Zip _____

Cell _____ E-mail _____

Horse Name: _____ Dressage Test Level _____

Includes Box Lunch, Select One: Turkey Club Wrap Chicken Caesar Wrap Grilled Veggie Wrap

TOTAL DUE \$ _____

Make Check Payable to: Northern Ohio Dressage Association (NODA)
Mail Check To: Elizabeth Scalabrino 217 Bell Street Chagrin Falls, OH 44022
Additional Information: Phone 216-780-9238 E-Mail Education@nodarider.org

Signatures below indicate acknowledgement of the following: UNDER OHIO LAW, AN EQUINE ACTIVITY OWNER/OPERATOR IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES PURSUANT TO HOUSE BILL 564. Neither NODA, the host stable, nor the show officials shall be responsible for any damage, injury, or loss to persons, horses, or property of exhibitors or spectators. I also agree that as a condition of and in consideration of acceptance of my entry, the competition (NODA) may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage, or benefit of the competition, sport, or NODA. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including and claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

****Proof of Negative Coggins within one year of clinic date required with application.****

Rider's Signature (Required) _____ Date _____

Owner's Signature Required _____ Date _____

Parent/guardian Signature (Required for rider under 18) _____ Date _____

