

Oregon Dressage Society, Inc.

USDF Instructor Workshop Demonstration Horse/Rider Application Form
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Instructions:

Click inside response box and type your response (font will change automatically).
 Type an "X" in the bold boxes to indicate a positive response.
 Boxes will expand automatically as you type.
OR, print this form and fill out by hand.

Workshop(s) of interest:

<input type="checkbox"/>	Lunging the Horse Workshop	Horse Only	February 26-27, 2005
<input type="checkbox"/>	Lunging the Rider Workshop	Horse/Rider	May 7-8, 2005
<input type="checkbox"/>	Teaching Workshop	Horse/Rider	October 15-16, 2005

I would like to provide:
 (check all that apply)

<input type="checkbox"/>	Horse only for lunge lesson
<input type="checkbox"/>	Horse and rider for lunge lesson
<input type="checkbox"/>	Horse and rider for private lesson
<input type="checkbox"/>	Horse and rider for group lesson
<input type="checkbox"/>	Rider only

Dates that you and/or
 your horse are available:

<input type="checkbox"/>	February 26, 2005
<input type="checkbox"/>	February 26, 2005
<input type="checkbox"/>	May 7, 2005
<input type="checkbox"/>	May 8, 2005
<input type="checkbox"/>	October 15, 2005
<input type="checkbox"/>	October 15, 2005

Rider Information:

Name:					
Address:					
City:		State:		ZIP:	
Phone (home):		Phone (barn):			
Phone (cell):		Fax:			
E-mail address:					

Years riding horses:		Years riding dressage:	
Highest level schooled:		Highest level shown:	
Instructors ridden with in the past year (list):	Instructors ridden with in the past 5 years (list):		

Do you ride in a dressage saddle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what type of saddle do you use?		
Each demonstration session consists of a 15 min. warm-up, 30 min. of work, and 15 min. of discussion while you are walking the horse. Knowing your fitness level, and considering the typical temperatures expected on the dates of this program, please indicate the maximum number of sessions for which you can be scheduled to ride.		
One session per day	<input type="checkbox"/>	Two sessions per day
	<input type="checkbox"/>	<input type="checkbox"/>

Horse information:

Horse's Name:					
Owner's Name:					
Owner's Address:					
City:		State:		ZIP:	
Phone (home):			Phone (cell):		
E-mail address:					
Horse's Breed:			Horse's Age:		
Horse's Sex:			Horse's Height:		
Highest level schooled:			Highest level shown:		

Does this horse show any adverse reaction to the use of the following (if yes, please explain):					
Lunge whip?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Dressage whip?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Spurs?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
In the past 6 months has this horse had any illness or injuries?				<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.					
In the past 3 months has this horse had any soundness problems?				<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.					
In the past 3 months has this horse bucked, reared or bolted while under saddle?				<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.					
In the past 6 months has this horse bitten or kicked at another horse or a person?				<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.					
In the interest of safety, is there anything else we should know about this horse?				<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain.					

Will you provide a dressage saddle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, what type of saddle will you provide?				
Each demonstration session consists of a 15 min. warm-up, 30 min. of work, and 15 min. of discussion while you are walking the horse. Knowing this horse's fitness level, and considering the typical temperatures expected on the dates of this program, please indicate the maximum number of sessions for which you this horse can be scheduled.				
One session per day	<input type="checkbox"/>		Two sessions per day	<input type="checkbox"/>
Will you require stabling?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Waiver of Liability:

I understand that by participating in the USDF Instructor Certification Workshop I do so at my own risk and risk to the above named horse. I understand that the United States Dressage Federation, Oregon Dressage Society, and the staff, faculty members, organizers, volunteers, equestrian facility, or anyone acting in their behalf, are not responsible for any accidents, damage, injury or illness to horses, riders, spectators or any person in connection with this program.

Rider's Signature

Date

Horse Owner's Signature

Date

Signature of Person Responsible for Horse During Workshop

Date

Please mail to: Francy Haupt, 1103 N. Springbrook Rd #46, Newberg, OR 97132 by