

USEA Instructor Certification Program Workshops 2022
USEA ICP AUDITING Registration

First, save this document to your computer and then open the saved file. Fill it out, save and then send to Instruction@ponyclub.org

USPC hosted USEA ICP workshops -Teaching of Dressage Levels I, II & III - June 14-16, 2022 and Jumping Levels I, II & III – July 11-13, 2022 held at Jigsaw Farms, 2411 South Country Club Rd. Woodstock, Illinois.

I am a current Pony Club member or leader/instructor and wish to register as an auditor for the Teaching of Dressage Workshop _____ and Teaching of Jumping Workshop _____ .

I am non-PC member or leader/instructor but wish to register as an auditor for the Teaching of Dressage Workshop _____ and Teaching of Jumping Workshop _____ .

Opening Date: March 1, 2022

Closing Date: June 5, 2022

Name: _____

Club/Center: _____ Region: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

Chaperone (if under 18 years of age): _____

Registration Fees-USPC Instructor/Volunteer/Current USPC Member

Auditor \$100 **per** workshop. (USEA fee is \$150 per workshop)

Please pay by calling USPC national office 859-254-7669 and pay using a credit card or mail registration and check below to USPC, Instruction Department, 4041 Ironworks Pkwy., Lexington, KY 40511 or email Instruction@ponyclub.org

Lunch fee of \$10 per day, **paid onsite** to Barb McMorris

Registration Fees-Non USPC Instructor/Member

Auditor fee \$150 **per** workshop

Lunch fee of \$10 per day, **paid onsite** to Barb McMorris

I will call the USPC National Office 859-254-7669 and pay using a credit card or mail registration and check below to USPC, Instruction Department, 4041 Ironworks Pkwy., Lexington, KY 40511 or email Instruction@ponyclub.org

***All questions concerning local housing, stabling, lunches, or onsite questions please contact**

Barb McMorris barbm@ponyclub.org
(847) 494-3090



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 MODIFIED 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