



## Registration Form

# California Dressage Society 2017 Quadrille Clinic

**When:** July 29 – 30, 2017  
**Where:** White Rock Ranch - Watsonville, CA  
**What:** To learn, practice and improve skills to ride on a Quadrille team.  
**Clinician:** Joan Williams

The clinic is open to individuals new to quadrille, individuals with Quadrille experience who want to further their skills, and for teams looking to improve their performance. Auditors can attend for free.

- ☞ To learn about our Clinician, **Joan Williams**, visit: [www.joanwilliamsdressage.com](http://www.joanwilliamsdressage.com)
- ☞ For information and directions for the **White Rock Ranch**, visit: [www.whiterockranch.com](http://www.whiterockranch.com)
- ☞ For hotels in the Watsonville area, visit Google - enter: 'Watsonville Hotels' for listings.

**~ One Registration Form and Release Agreement per person. Sign-Ups Due By: July 15th ~**

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Rider's Name: \_\_\_\_\_  
Horse's Name: \_\_\_\_\_ Junior Rider (18 yrs or under) Y N  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

All or part of this event may be videotaped or photographed and used in CDS promotions.  
Participants agree to the use of video and photograph by CDS for this purpose.

Signature (Need Adult Signature for Riders under 18): \_\_\_\_\_ Date: \_\_\_\_\_

### **Level (check one):**

- Basic Level (walk/trot – new to Quadrille)
- Basic Level Plus (walk/trot/canter – new to Quadrille)
- Training Level (walk/trot – previous Quadrille experience)
- Intermediate Level (walk/trot/canter – previous Quadrille experience)
- Advanced Level (walk/trot/canter – Quadrille experience at shows).

## Registration Form

### Credit Card Payments for CDS Quadrille Clinic

Payment by Visa or MasterCard is available.

- Name of credit card holder (please print): \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Card Type: \_\_\_\_\_ Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_
- Total amount to be billed to your credit card: \$ \_\_\_\_\_
- Signature of cardholder authorizing the charge: X \_\_\_\_\_

**Clinic & Lunch Costs: Please make payment to CDS (cash, checks or credit card).**

\_\_\_\_\_ \$75.00 / Rider  
\_\_\_\_\_ Auditor (no charge)  
\_\_\_\_\_ Optional Lunch \$ 10/day (Saturday \_\_\_\_\_ Sunday \_\_\_\_\_)  
\_\_\_\_\_ **Total Enclosed**

**Stabling or Haul-In Fees: Please make payment to White Rock Ranch (cash or checks).**

\_\_\_\_\_ Haul In: \$15 / day (Saturday \_\_\_\_\_ Sunday \_\_\_\_\_) – OR,  
\_\_\_\_\_ Overnight Stabling: \$35.00 per horse per day (See below)  
\_\_\_\_\_ **Total Enclosed**

**Arrival Date:** \_\_\_\_\_ **Departure:** \_\_\_\_\_ **# Stabling Nights:** \_\_\_\_\_ **x \$35/Night =** \_\_\_\_\_  
**Please stable with:** \_\_\_\_\_

**Mail Registration Form, Release Agreement and Payments to:**

CDS Quadrille Clinic  
c/o Marily Reese  
38067 Millwood Drive  
Woodlake, CA 93286

Please contact Marily for questions or more information:

[marily@mhreese.com](mailto:marily@mhreese.com)

(559) 564-2038

## Release and Indemnification Agreement

To induce White Rock Ranch, Marlene Dietzel, Joan Williams, Joan Williams Dressage, their agents, servants or employees (hereinafter "the Farm"), to allow the use of their facilities of the Farm, and in consideration of their use of the same. We the undersigned, by executing this writing, agree to hold harmless, discharge, release, and indemnify the Farm with respect to any claims, causes of action, injuries, damages, cost or expenses, or loss to myself, my family, my children, my friends, guests, spectators, accompanying any of the above persons to the Farm and others arising out of or in any way connected with the use of the facilities of the Farm by such persons, to include damage, loss, or injury of any kind to any horse or other property or persons, and whether on, or off the facilities of the Farm, and whether any such liability, damage, cost or loss, shall be due to act or omissions of myself, my family, my children, my friends, guests or spectators accompanying any of the above persons to the Farm or others by act or omission of the Farm, and for all risks of using the facilities of the Farm, of riding horses on or off of the facilities of the Farm and of boarding horses with the Farm. Similarly, the undersigned AGREES NOT TO SUE White Rock Ranch, Marlene Dietzel, Joan Williams, Joan Williams Dressage, their agents, servants or employees with respect to any claims, causes of action, injuries, damages, cost or expenses, or loss to myself, my family, my children, my friends, guests or spectators accompanying any of the above persons to the Farm or by act or omission of the Farm, and for all risks of using the facilities of the Farm, of riding horses on or off the Farm and of boarding horses with the Farm. In addition, the Farm shall not be liable for any death or loss due to accident, illness, fire or theft. It is the responsibility of the Rider/Owner to carry full and complete insurance coverage on his horse, personal property and himself/herself.

This release and hold harmless agreement includes the California Dressage Society.

\_\_\_\_\_  
RESPONSIBLE PARTY OR OWNER SIGNATURE  
(parent or guardian if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rider and or Auditor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of person to notify in case of emergency

\_\_\_\_\_  
Emergency Phone