



Rider Application Form
Grande Prairie, AB - Division 1 Camp - July 8/9, 2023

Rider's Full Name : _____

Age:_____ Email:_____ Phone number:_____

AEF Membership # (mandatory):_____

ADA Membership # (optional):_____ ADA Chapter: _____

If you are not an ADA member, the YD-ADA will provide you with a membership to one of the ADA Chapters

Horse's Name: _____ Horse's Age: _____ Mare Gelding

Parent's/ Legal Guardian's Name: _____

Cell: _____ Email: _____

Coach's Name: _____ Barn Name: _____

Please provide a brief description of your riding experience and why you are interested in this clinic:

All participants of YD-ADA events must agree to abide by the True Sport principles below.

TRUE SPORT PRINCIPLES:

Go For It

Rise to the challenge – always strive for excellence. Discover how good you can be.

Play Fair

Play honestly – obey both the letter and spirit of the rules.

Respect Others

Show respect for everyone involved in creating your sporting experience, both on and off the field of play.

Keep It Fun

Find the joy of sport. Keep a positive attitude both on and off the field of play.

Stay Healthy

Place physical and mental health above all other considerations – avoid unsafe activities.

Include Everyone

Share sport with others. Ensure everyone has a place to participate.

Give Back

Find ways to show your appreciation for the community that supports your sport and helps make it possible.

I, _____ confirm that I have read the above principles and agree to abide by these principles in all of my activities associated with Youth Development – Alberta Dressage Association (YD-ADA). I understand that failure to do so may result in my expulsion from YD-ADA activities, without financial reimbursement.

Rider Name: _____ Rider Signature: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____

Clinic Fee: \$ 180.00

APPLICATION DEADLINE: June 30, 2023

Applications can be emailed to: stef.roffey@gmail.com

E Transfers can be made to: treasurer.ydada@gmail.com

OR

**Cheques/applications can be mailed to: Youth Development - Alberta Dressage Association, 10513 69 St NW,
Edmonton, Alberta T6A 2S7**

All stabling fees will be paid for by the Youth Development – Alberta Dressage Association

How did you hear about our camp? _____

EQUESTRIAN ACTIVITIES

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Youth Development - Alberta Dressage Association equestrian program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Youth Development - Alberta Dressage Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE (if 18 years old +) DATE

WITNESS

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARTICIPANT'S SIGNATURE EMERGENCY PHONE NUMBER

WITNESS DATE



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MEDIA RELEASE FORM

I, _____, grant permission to Youth Development - Alberta Dressage Association, hereinafter known as the YD-ADA, to use my image (photographs and/or video) for use in Media publications including, but not limited to:

Videos, Social Media, Email, Brochures, Newsletters, Magazine Articles, General Publications, Website and/or Thank You Cards

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian:

_____ (if under 18 years of age)





**YOUTH DEVELOPMENT ALBERTA DRESSAGE ASSOCIATION FREE STYLE CLINIC
EVALUATION**

What was the best part of the clinic for you and your horse?

Describe an “aha” moment you had during the clinic.

How did both you (or will you) show “True Sport” principles?
Go for it! Play Fair, Respect Others, Keep it Fun, Include Everyone, Stay Healthy, Give Back.

How will you apply what you have learned during this clinic?

Would you recommend this clinic to other riders? Please explain.

Rate the following Rate from 1- 5 (5 being excellent – 4 very good -3 Good - 2 needs Improving - 1 Poor)

Rate the clinician (circle your choice)	5	4	3	2	1
Rate the Youth Ambassador (circle your choice)	5	4	3	2	1
Rate the facility (circle your choice)	5	4	3	2	1
Rate the organization of the clinic (circle your choice)	5	4	3	2	1

Will you participate in future Youth Development opportunities? (circle your choice) YES NO

Additional Comments
