



Jennifer Malott Kotylo
 Movement & Body
 Awareness Specialist for Equestrians

333 N. Canal St. #3603, Chicago, IL 60606 | 312-719-0283 | jkotylo@yahoo.com
 www.jenniferkotylo.com




An Interactive Body Awareness Clinic for the Equestrian Athlete

*Presented by the Michiana Dressage Club, Inc.
 Courtesy of the United States Dressage Federation National Education Incentive*

Auditor Registration

All ages are welcome to audit. Riders must be 21 or older as of the date of the program.

When: April 6 - 8, 2018

Where: Reins of Life, Inc. Therapeutic Horseback Riding
 55200 Quince Road, South Bend, IN 46619

What: 4:00 pm est Friday evening 2 hour meet and greet session with lecture and mat work
 9:00 am est Saturday and Sunday activities will begin with a 1 hour mat warm-up
 followed by 45 minute private lessons

***USDF Sponsored mat work participation is a requirement for riders and open to auditors.**

Cost: \$15.00 per day - MDC Members
 \$25.00 per day - Non-Members

Registration form and funds due March 30, 2018. Pre-Registration is appreciated!!

AUDITOR INFORMATION (please print)

Auditor Name _____

2018 MDC Member (Y / N) (circle one) **2018 MDC Member number** _____

Days you wish to audit (write "x") **Friday April 6** () **Saturday April 7** () **Sunday April 8** ()

Address _____

City _____ **State** _____ **Zip** _____

Phone (home) _____ **(cell)** _____

E-mail _____

Lunch: (Y / N) *(circle one)*

Box Lunch includes cup of soup, sandwich, chips, fruit, cookie and bottled water/coffee/tea.

**Must be pre-ordered by March 30, 2018.*

Lunches may not be purchased during the clinic.

Choices: Veggie / Turkey /Ham *(circle one)*

Fee Per Day: \$10.00

Chairs/Mats: MDC requests you please bring chairs for auditing lessons and mats for mat work sessions.

WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

WARNING

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

The undersigned hereby release and discharge on their behalf and on the behalf of their heirs and assign, Michiana Dressage Club, Inc., its owners, officers, directors, shareholders, employees and assignees, Brooks J. Grainger, Elizabeth S. Grainger, and the owners, officers, directors, shareholders, employees and assignees of the entity or person holding the show from any and all liability for any damages or injuries sustained as a result of participation at the clinic.

Neither Michiana Dressage Club, Inc. nor any of its officers or agents or the property owners and management accept any liability for an accident, injury or illness to horses, riders and handlers, trainers, owners, attendant volunteers, operators, concessionaires, or any person or property whatsoever while on the farm and/or stable's property.

An additional waiver of liability will be required by Reins of Life, Inc. Therapeutic Horseback Riding and must be executed or you will be excluded from the clinic. Rider/owner/groom will accept full responsibility for themselves and the horse in regards to risk of injury. Rider/owner/groom will abide by all facility regulations. Regardless of any agreement between the rider and owner, the rider is ultimately responsible for the clinic fee and any fees owed to the facility for stabling and/or bedding, including attorney fees and court costs in the event suit must be filed to recover said clinic fees or fees owed for stabling and/or bedding or any other fees.

Refunds: No refunds on auditing fees.

Thank you in advance for your interest in this clinic.

Please sign below to acknowledge the requirements of this application, including the waiver of liability.

Please mail auditor registration with funds to:
Elizabeth Grainger 19478 Miller Road, South Bend, IN 46614

Checks payable to: Michiana Dressage Club

Signatures: (“Same” not acceptable) each line must be correctly signed for entry to be valid.

Auditor 1: _____ Date: _____

Parent/Guardian 1 : _____ Date: _____

1. If Auditor is a minor, parent or guardian must sign.

AUDITOR FEES:

Audit (per day): _____

Lunch (per day): _____ **Advance purchase only.*

Total fee enclosed: _____

Refunds: No refunds on auditing fees.

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