



**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*

**Rider Application**

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:** \$65.00 per day - MDC Members

\$95.00 per day - Non-Members

**Application form and funds due March 1, 2018.**

**RIDER INFORMATION** (please print)

Rider Name \_\_\_\_\_

2018 MDC Member ( Y / N ) (circle one)      2018 MDC Member number \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Do you receive regular instruction from an Instructor/Trainer ( Y / N ) (circle one)

Frequency \_\_\_\_\_

Name of Instructor/Trainer \_\_\_\_\_

Other Instructors/Trainers/Clinicians you have worked with:

\_\_\_\_\_  
\_\_\_\_\_

**HORSE INFORMATION** (please print)

Horse's Name \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_

Mare / Gelding (circle one) **\*No Stallions are allowed.**

**Coggins:** A copy of negative Coggins dated within 12 months of the clinic date **must be mailed with application.**

**Equine Vaccinations:** A copy of current vaccinations dated within 12 months **must be mailed with application.**

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone \_\_\_\_\_

Owner's Email \_\_\_\_\_

At what level are you working with this horse? Schooling \_\_\_\_\_ Showing \_\_\_\_\_

How long have you and this horse been working at this level? \_\_\_\_\_

What are your short and long term goals for this horse?

\_\_\_\_\_  
\_\_\_\_\_

Have horse/rider been "off" due to injury in the past four (4) months? ( Y / N ) (circle one)

If yes, have horse/rider fully recovered? ( Y / N ) (circle one)

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

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**Horses of various breeds and levels of training will be considered. Horse/rider are expected to walk, trot and canter with reasonable balance and be fit enough for a lesson of approximately 45 minutes. Be aware that during breaks questions will be taken from auditors.**

**Are horse/rider ready to accept the workload that will be expected during this clinic?  
( Y / N ) (circle one)**

**Are you willing to be put on a waiting list if you are not selected? ( Y / N ) (circle one)  
If selected as an alternate, how much advance notice would you need?**

**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**

**Weekend Stabling - ( Y / N ) (circle one)**

**Fee Per Weekend (Friday – Sunday): \$70.00**

**Fee Per Day: \$35.00**

**\*Includes first load of sawdust. Each additional load is \$10.00**

**Clinic Attire:** A clean professional appearance is appreciated.

Breeches and boots or half chaps should be worn, and a trim fitting top or shirt.

**Safety Helmets:** *All mounted riders must wear ASTM/SEI certified safety helmets.*

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

***Applications will be reviewed on a first come, first serve basis.***

***Michiana Dressage Club, Inc. members will have priority during selection process.***

#### **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:** Upon acceptance, no refund will be given without a Vet Certificate. A Vet Certificate must be received within two weeks of the clinic to qualify for a full refund. No refunds on stalls. A refund will be given only if your lesson slot can be filled.

**Thank you in advance for your interest in this clinic.  
Your application will be reviewed and you will be contacted with the results.  
If you are not accepted into the clinic, your funds will be returned.**

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

**Please mail rider application with funds and copy of negative coggins 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.**

Rider: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Trainer 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Groom2: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian 1/2: \_\_\_\_\_ Date: \_\_\_\_\_

- 1. The "trainer" is the person, over 18, who is responsible for the care, custody, & control of the horse at the clinic.**
- 2. If Groom is a minor, parent or guardian must sign as well as groom.**

**RIDER FEES:**

**Lesson(s):** \_\_\_\_\_ **\*No fee for Friday April 6 session**

**Stabling (per weekend or day):** \_\_\_\_\_ **\*Includes first load of sawdust.**

**Additional Sawdust/Bedding:** \_\_\_\_\_

**Lunch (per day):** \_\_\_\_\_ **\*Advance purchase only.**

**Total fee enclosed:** \_\_\_\_\_ **Application form and funds due March 1, 2018.**