

## NSEF Western Dressage Clinic

*"I became a western dressage judge because I believe the training scale is an excellent venue for western horses. I am excited to be a part of this rapidly growing equestrian sport." – Brian MacMahon*

Why is Western Dressage a great training opportunity for Western Riders in any discipline? What's required? What is the scoring system?

All these questions and more will be answered during the Western Dressage Clinic on Tuesday, August 22<sup>nd</sup> and Wednesday, August 23<sup>rd</sup>, 2017 at the Windsor Exhibition Grounds. Brian MacMahon from Florida is both a Western and Classical Dressage Judge who will be bringing wonderful information to our province during this clinic.

About the clinician: Brian MacMahon has a Bachelor of Science in Chemistry and a Masters of Business Administration from the University of Miami. In addition to being a Bronze, Silver and Gold medalist USDF, he is a USEF "R" western dressage judge and USEF "r" dressage judge. He will also be sitting his exam for "R" license in September. In 1994-1995, he worked and trained in Sweden for Elizabeth Lundholm. Brian runs a training facility in North Florida with ten horses in training as well as coaches and offers clinic in Florida, Georgia, Alabama, North Carolina, and Pennsylvania. He has coached 12 students to their gold medal, 20 to their silver, and over 30 to their bronze as well as trained over 20 horses to the FEI level.

- Athletes will have an opportunity to learn about Western Dressage by interactive auditing from the stands. (Riding spaces are now full and we will wait list anyone interested in riding.)
- Coaches will gain understanding of the requirements from Basic Level to Level 3. This discipline can be an excellent addition to an existing training program. Coaches can increase their existing expertise by learning from Brian's knowledge as a coach and judge.
- Officials will learn about the expectations of the different Western Dressage Levels, they will have an opportunity to score tests and learn why an athlete was scored a particular way. This will count towards the POP Western Dressage Training.

### **Tentative Clinic Structure (may be adjusted depending on the registrations received):**

#### **Day One - Tuesday, August 22<sup>nd</sup>, 2017 – 8:30 – 6:15**

Day One will include:

-Registration

-Group Lessons\* highlighting the INTRODUCTORY, BASIC, 1<sup>st</sup> 2<sup>nd</sup>, and 3<sup>rd</sup> LEVELS including question period

-Arena Session for all participants – All participants will walk the ring and learn about circles, diagonals, and more.

-Scored Test Session – In this session, participants will ride a test and the clinician will provide the scoring of the test and official candidates will have an opportunity to mock score the tests. The clinician will then provide an explanation of how some of the sections were scored and give some recommendations for an improved score. Whether or not you have ridden a test before, it's a great opportunity to get feedback on your development and improvement.

#### **Day Two – Wednesday, August 23<sup>rd</sup> – 8:30-5:45**

-Group Lessons\*

-Scored Test Session

\*Each Group Lesson of 4 athletes is scheduled to be approximately one hour. The lessons are now full, athletes interested in riding will now be put on a wait list.

**PLEASE NOTE:** Participants and horse owners must be NSEF members (or home PSO if outside NS). As per NSEF Policy, participants must wear an approved safety helmet at all times while mounted on the facility grounds. Nutrition Breaks will be provided both days. A 45 minute lunch break will be provided for participants to eat lunch on their own. Individuals can pack a lunch or go to one of the many restaurants within walking distance of the event location.

**Registration Deadline: July 24<sup>th</sup>, 2017** – No refunds will be granted after this date.

Additional auditor registrations will be accepted after this date if space permits.

# NSEF Western Dressage Clinic Registration Form

First Name Last Name NSEF# (or Home PSO) - Mandatory

Address City/Province Postal Code

Phone Email Birthdate (Y/M/D)

**Payment Notes:** There will be NO refunds after July 24<sup>th</sup>.

Riding spaces are now full however those interested in riding can be placed on a waitlist. Auditors can pay online at [www.horsenovascotia.ca/Shopping](http://www.horsenovascotia.ca/Shopping), by emailing or faxing the registration form with credit card payment, by mailing a cheque or money order, or making an appointment to pay with cash at the office.

Choose Participation Type	Both Days	Tuesday Only	Wednesday Only
<u>Riding (NOW FULL - wait list available)</u>	<input type="checkbox"/> \$250 One lesson per day and one test ride.	<input type="checkbox"/> \$175 One lesson and one test ride	<input type="checkbox"/> \$175 One lesson and one test ride
<u>Stall Fee</u>	<input type="checkbox"/> \$40	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
<u>Auditing (Athletes, Coaches, Others)</u>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
<u>Official Training</u>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

A ten percent administration fee will be applied to refunds requested before July 24<sup>th</sup>. **NO refunds will be granted after the July 24th deadline or for no-shows.** The NSEF reserves the right to cancel session(s) due to unforeseen circumstances or insufficient advance registration. If the NSEF cancels the course, you can credit the amount to the next course or request a refund in writing. The NSEF cannot accept responsibility for expenses incurred as a result of the cancellation of a course.

PAYMENT TYPE: <input type="checkbox"/> -Online <input type="checkbox"/> -Cheque <input type="checkbox"/> -Money Order <input type="checkbox"/> -MasterCard/Visa <input type="checkbox"/> -Cash (in office only – please call ahead)		
VISA/MASTERCARD PAYMENT INFORMATION: Total Credit Card Payment Enclosed: _____ (Add Admin Fee \$3.00)		
Name on Credit Card:	Signature:	
Credit Card Number	Expiry Date	Verification Code (located on the back of the card)

**Profile for those riding in the clinic: Requests will be considered for lesson placement but we cannot guarantee requests will be met.**

Horse Name: \_\_\_\_\_ Horse Age: \_\_\_\_\_ Sex of Horse: \_\_\_\_\_

Western Dressage Level of Athlete (rider): \_\_\_\_\_ Level of horse: \_\_\_\_\_

How long have you been riding: Western Dressage \_\_\_\_\_ Western \_\_\_\_\_ Other \_\_\_\_\_

Which Western Dressage Test would you like to ride:

Introductory \_\_\_\_\_ Basic \_\_\_\_\_ Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ None \_\_\_\_\_

Lesson Preference: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

Other Information or Requests: \_\_\_\_\_

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “**For Participants 19 or Older**”

Please Print Clearly

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

**Every Person must Read and Understand this form before Participating in Equine Activities**

TO: Nova Scotia Equestrian Federation (NSEF), their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST)

*Initial each item below After Reading and Understanding the item*

\_\_\_\_ **1. I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.

\_\_\_\_ **2. I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

\_\_\_\_ **3. I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.

\_\_\_\_ **4. I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.

\_\_\_\_ **5. In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**

- **To Waive All Claims that I might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of HOST Witness)

**Do Not Sign until you Understand All Items Above**

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “**For Participants Not 19 Years Old**”  
Please Print Clearly

Infant Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Infant's Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

**The Guardian must Read and Understand prior to the Infant Participating in Equine Activities**

TO: Nova Scotia Equestrian Federation (NSEF) their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST)

*Initial each item below After Reading and Understanding the item*

\_\_\_\_ **1. I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**

\_\_\_\_ **2. I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.

\_\_\_\_ **3. I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

\_\_\_\_ **4. I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.

\_\_\_\_ **5. I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.

\_\_\_\_ **6. In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**

- **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant's Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant's Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature Host Witness)

\_\_\_\_\_  
(Signature of Parent/Guardian)

**Do Not Sign until you Understand All Items Above**