

◆ Southern New Hampshire Dressage & Combined Training, Inc. ◆

Presents a **FREESTYLE CLINIC** with

**Melanie Michalak**

**October 2-4, 2009**

**Clinic Contact: Lisa Todaro 603-234-0018**

**Hosted by Sons of Wind Farm, Merrimac, MA**

**Opening Date: June 1, 2009**

**Closing Date: September 25, 2009**

SNHDCTA is proud to offer again this year a freestyle clinic with the acclaimed Melanie S. Michalak. Melanie is a United States Dressage Federation "L" graduate. Her musical and dressage knowledge is in demand as a musical freestyle designer, competitor, judge and clinician. She has presented musical freestyle clinics throughout the United States. Melanie's musical freestyles have earned national and international awards at every level through Grand Prix. Her work can be seen throughout the US, Europe, and the Carribean. Her freestyles have been performed at the Pan American Games and in the United States Equestrian Team Olympic Dressage Trials. She has earned state and national freestyle and USDF Horse of the Year awards on her own horses at many levels. Additional Melanie holds Bachelor and Master of Music degrees, with concentrations in choral music education, Renaissance choral literature, and music theory and composition.

This is a multi-day clinic designed to work with **all levels** of freestyle horse and rider combinations. Melanie will discuss the details of freestyle dressage in her lecture. During the riding portions she will analyze your horse's gaits, and then select music at the correct tempo to suit the personality and style of that horse and rider combination. You will walk away with the workings of a freestyle piece.

If you have ever been interested in freestyle dressage or if you are seasoned in freestyle, this is great opportunity for you. Riders and auditors alike will benefit from this clinic.

	<u>Members</u>	<u>Non-Members</u>
<b>1 Ride</b>	<b>\$175</b>	<b>\$190</b>
<b>2 Rides</b>	<b>\$350</b>	<b>\$380</b>
<b>Auditors- All 3 days</b>	<b>\$45</b>	<b>\$55 (or \$20 per day)</b>

**\*\* Please indicate which day you would prefer to ride (Friday, Saturday or Sunday)**

**We will do our best to accommodate all requests**

- Helmets must be worn at all times while mounted. SEI/ASTM helmets are recommended.
- Enclose a copy of negative Coggins Test within 1 year with entry form.
- No refunds unless space can be filled from the waiting list.
- Only ONE horse/rider combination per each form. Priority is given to SNHDCTA members.
- **DOGS ARE NOT ALLOWED - THIS WILL BE STRICTLY ENFORCED**



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NAME OF RIDER \_\_\_\_\_ LEVEL OR INTEREST \_\_\_\_\_

NAME OF HORSE \_\_\_\_\_ LEVEL OR EXPERIENCE \_\_\_\_\_

STREET \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ HOME TEL (\_\_\_\_) \_\_\_\_\_ WORK TEL (\_\_\_\_) \_\_\_\_\_

I agree to hold Southern New Hampshire Dressage and Combined Training Association and the owners and operators of the host facility and any and all employees free from any and all claims and demands of any nature that may be occasioned by me or those in my charge, or horses entered by me, and agree to abide by the rules and to accept all decisions rendered by the clinic instructor and/or the owners/operators of the host facility and the Southern New Hampshire Dressage and Combined Training Association. My signature constitutes an acceptance of this waiver.

SIGNATURE OF RIDER (parent or guardian if under 18 years old.) \_\_\_\_\_ DATE \_\_\_\_\_

Mail the lower half of this form along with a Coggins test and your signed check (payable to SNHDCTA) to: Member: \_\_\_\_\_ Non-Member Dressage: \_\_\_\_\_

Lisa Todaro, 14 Evergreen Drive, North Hampton, NH 03862 TOTAL Amount Enclosed: \_\_\_\_\_

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**RELEASE FROM LIABILITY**

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**ATTENTION!**

**UNDER NEW HAMPSHIRE LAW, A PARTICIPANT IN EQUINE ACTIVITIES ASSUMES THE RISK OF ANY INJURY, HARM, DAMAGE, OR DEATH AND ANY LEGAL RESPONSIBILITY THAT MAY OCCUR TO PARTICIPANT RESULTING FROM THE INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES.**

Pursuant to R.S.A. 508:19, equine professionals are not liable for damages resulting from the inherent risks of equine activities.

In an emergency, contact (optional please print): \_\_\_\_\_

Health/Accident Ins.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**BY PARTICIPATING IN THE ABOVE SHOW, DRIVE AND/OR RIDE, I REPRESENT TO THE SPONSOR OF THIS DRIVE AND RIDE THAT I AM QUALIFIED TO SHOW, DRIVE AND/OR RIDE IN THIS EVENT, AND THAT I HAVE THE APPROPRIATE SKILLS AND EXPERIENCE.**

I have made no misrepresentation to The Southern New Hampshire Dressage & Combined Training Association, Inc. and the Host(s) of this event regarding my name, address, age, riding ability, health insurance or any other information that was requested. I agree to hold harmless and indemnify the Southern New Hampshire Dressage & Combined Training Association, Inc. and its owners, agents, volunteers, and employees, and landowners over whose property this event might take place, and the Host(s) of this event for any loss or damage, including any that result from claims for personal injury or property damage related to the use of my horse. I understand that this release shall remain in effect during the entire event and that this release shall apply to any and all activities that I may do connected with said event, whether on or around a horse or not.

I understand and am aware that horseback riding is **INHERENTLY A HAZARDOUS ACTIVITY AND DESPITE THE BEST INTENTIONS OF THE SOUTHERN NEW HAMPSHIRE DRESSAGE & COMBINED TRAINING ASSOCIATION, INC., THE LANDOWNERS, AND THE HOST(S) OF THIS EVENT ACCIDENTS WILL HAPPEN.** I understand that the above activities and the use of horses involves a risk of injury to any and all parts of my body, dismemberment, or death. I realize that wearing a helmet can reduce the chances of serious head injury. I further understand that this release applies to any accident or injury that may occur at this event, whether connected to horses or not.

Having read the above paragraphs and understanding them, I therefore release The Southern New Hampshire Dressage & Combined Training Association, Inc. and its owners, agents, volunteers, and employees, and landowners over whose property this ride/drive might take place, and the Host(s) of this event FROM ANY AND ALL LIABILITY FOR DAMAGES AND PERSONAL INJURY TO MYSELF OR ANY PERSON OR PROPERTY RESULTING FROM THE NEGLIGENCE OF THE SOUTHERN NEW HAMPSHIRE DRESSAGE & COMBINED TRAINING ASSOCIATION, INC., THE LANDOWNERS AND THE HOST(S) OF THIS EVENT TO INCLUDE BUT NOT BE LIMITED TO NEGLIGENCE IN TRAIL CONDITIONS, ROAD AND TRAFFIC CONDITIONS, AND THE ACTIONS OF OTHER HORSES OR

INDIVIDUALS BEYOND THE CONTROL OF THE SOUTHERN NEW HAMPSHIRE DRESSAGE & COMBINED TRAINING ASSOCIATION, INC., THE LANDOWNERS, AND THE HOST(S) OF THIS EVENT, accepting myself full responsibility for any and all damages or injury of any kind which may result from the inherent dangers involved in being in the presence of horses or at this event.

I agree that there have been no warranties, expressed or implied, which have been made to me which extend beyond the description of the route. I, the undersigned, acknowledge that I have carefully read this agreement and release of liability, and I understand its contents. Further, I have health and/or accident insurance that will cover me in the event of an injury.

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I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY AND ALL RIGHTS I HAVE TO SUE THE SOUTHERN NEW HAMPSHIRE DRESSAGE & COMBINED TRAINING ASSOCIATION, INC. OR ANY EMPLOYEE OR VOLUNTEER THEREOF, LANDOWNERS OVER WHOSE PROPERTY THIS RIDE/DRIVE MIGHT TAKE PLACE, AND THE HOST(S) OF THIS EVENT FOR ANY AND ALL INJURIES, DAMAGES OR OTHER DETRIMENTAL RESULTS THAT MAY OCCUR WHILE I AM AT THIS EVENT EVEN IF SAID INJURY, DAMAGE OR OTHER DETRIMENTAL RESULT IS CAUSED BY THE NEGLIGENCE OF THE SOUTHERN NEW HAMPSHIRE DRESSAGE & COMBINED TRAINING ASSOCIATION, INC., THE LANDOWNERS, AND THE HOST(S) OF THIS EVENT.

DATED: \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
If a Minor:

I CERTIFY THAT I AM THE PARENT OR GUARDIAN OF \_\_\_\_\_ AND THAT I HAVE READ THE ABOVE WAIVER OF LIABILITY WITH MY CHILD. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY AND ALL RIGHTS I HAVE TO SUE EQUESTRIAN CENTER OR ANY EMPLOYEE THEREOF FOR ANY AND ALL INNURIES, DAMAGES OR OTHER DETRIMENTAL RESULTS THAT MAY OCCUR TO MY CHILD WHILE ON ITS PREMISES AND/OR ITS HORSES. I HAVE HEALTH INSURANCE THAT WILL COVER MY CHIOLD IN THE ENVENT OF INJURY. I AGREE TO INDEMNIFY FOR ANY AND ALL COSTS INCLUDING ATTORNEYS' FEES THAT EQUESTRIAN CENTER MAY INCUR SHOULD MY CHILD EVER MAKE ANY CLAIMS AGAINST EQUESTRIAN CENTER.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

DATED: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

I have advised \_\_\_\_\_ that this document is a release of liability and have checked to make sure that he/she has read this document and understands the nature of this document and that he/she is signing this document of his/her own volition.

\_\_\_\_\_  
WITNESS

**Please Note: Both Parents of a minor need to sign this release even if they are not living in the same household.**