



## Jumping Clinic with Bonnie Mosser - June 4-5, 2011

Hosted by BREA, an affiliate of the United States Eventing Association

[www.breventing.org](http://www.breventing.org)

Green Hill Park Equestrian Center, Salem, VA

Closing Date: May 27, 2011



Bonnie Mosser is one of the country's pre-eminent riders, trainers & coaches in the internationally recognized Olympic sport of Three Day Eventing. Bonnie, her horses, and her students, boast years of national and international competitive success that is a result of Bonnie's unique approach to the physical and mental rigors of training sport horses. She aims to provide her horses and students with the best possible opportunity to excel in both local and international arenas. Bonnie is a formidable competitor and is regularly a champion or a top placer at every competition that she attends! After eventing for almost 30 years, Bonnie Mosser is one of the most recognizable names in American Eventing. Bonnie has represented the United States as the alternate rider for the 2006 World Equestrian Games, the 2007 Pan American Games and the 2008 Olympics. Bonnie has coached students to success at every level of the sport and her instruction is highly sought after by both amateur and professional riders alike. BREA had a wonderful clinic with Bonnie last fall and look forward to hosting her again this spring.

### **Levels Offered: Green (2'), Beginner Novice (2'7"), Novice (2'11"), Training (3'3"), & Preliminary (3'7")**

Participants will ride twice on their clinic day: one stadium lesson & one cross-country lesson.

### **Saturday, June 4th - Open to everyone!**

Fees: BREA Members - \$100 Non-Members - \$150

### **Sunday, June 5th: BREA and RVPC Junior/Young Rider Day - Limited to Juniors (under 18) and Young Riders (21 and under) who are members of BREA and/or Roanoke Valley Pony Club.**

Fees: BREA Jr/YR Members - \$50 (Discounted rate of \$100 minus \$50 supplemented by BREA Jr/YR Fund - supplementation available once per Jr/YR member. If also a member of RVPC, take an additional \$20 off)

RVPC members who are not also members of BREA - \$80 (Discounted rate of \$100 supplemented by \$20 from RVPC)

### **Other information: (PLEASE READ!!)**

Participants will ride in groups of 4 where applicable. Groups may be combined/divided at the management's discretion. The schedule will be emailed to competitors and posted on [www.breventing.org](http://www.breventing.org). **After closing date, NO refunds will be given.** All dogs MUST be leashed. Dress is casual, but neat and tidy. Half chaps are allowed. Body protective vests are required for cross country. ASTM-approved helmets *and medical armbands* must be worn at all times when mounted. Groups will be divided by Junior/Senior, where allowed. Stabling is available the day of the clinic for \$20/stall. A \$10 refund will be given upon presentation of a clean stall.

**Entries:** Send completed registration form, USEA Release, BREA Release, Current Negative Coggins, & check payable to BREA to: Linda Dahlgren 1720 Clover Hollow Road Newport, VA 24128. Direct questions to [lad11@vt.edu](mailto:lad11@vt.edu) or 540-558-8574.

### **Directions to GHPEC:**

Exit 137 off I-81. Turn right towards Salem on Wildwood Road. At intersection with Route 11/460, turn right. Go through two lights. At third light, turn left onto Rte 639 (Duiguide Lane). Cross RR tracks and pass first entrance to Green Hill Park. Go another mile to the Equestrian Center trailer entrance on your right.

**Bonnie Mosser Jumping Clinic Hosted by BREA**

Registration Form

June 4-5, 2011

(Please make as many copies as needed – one horse per entry form.)

**Clinic day (circle one):**      Saturday, June 4    OR    \*Sunday, June 5    (\*this date available for Jr/YR  
members of BREA and/or RVPC)

Rider: \_\_\_\_\_ Horse: \_\_\_\_\_

Rider's Email: \_\_\_\_\_

Rider's Full Address: \_\_\_\_\_

Rider's Phone Number: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Rider's Age as of 1/1/11 if Junior: \_\_\_\_\_

Is rider a member of BREA? \_\_\_\_\_

Is rider a member of RVPC? \_\_\_\_\_

Fees

Level: \_\_\_\_\_

Stall Desired: Yes OR No \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

(Checks payable to BREA.)

**RELEASE AND WAIVER OF LIABILITY**

Blue Ridge Eventing Association

I, \_\_\_\_\_, do hereby acknowledge and agree for the good consideration of being permitted to engage in equine activities sponsored by Blue Ridge Eventing Association (BREA) and located at Green Hill Park Equestrian Center in Salem, Virginia, that by engaging in an equine activity, I am participating in an activity that poses potentially serious risk of injury or death to myself and others. **By signing this Release and Waiver of Liability, I assume the risk of all of the intrinsic dangers associated with participating in an equine activity, pursuant to sections 3.2-6200 through 3.2-6203 of the Code of Virginia.**

The intrinsic dangers associated with participation in equine activities are those dangers and conditions integral to participation in equine activities, including, but not limited to: (1) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with animals or objects; and (5) the potential of an equine activity participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. Va. Code, § 3.2-6200.

Additionally, by signing this Release and Waiver of Liability, I **waive and release any and all claims or rights to sue that I or my heirs may have in relation to my engagement in an equine activity and those risks assumed above** against BREA, Roanoke County Parks, Recreation, and Tourism, and any sanctioning organization associated with the show or activity (i.e. Southwest Virginia Dressage Association or Blue Ridge Horse Force); or the board members, show or activity organizers, show managers, show secretaries, employees, volunteers, or family members of any of the heretofore mentioned, collectively or as individuals. **It is my intent to give up those rights and hold the above parties harmless, and I do so knowingly and voluntarily.** Furthermore, I agree in consideration for and as condition of my being allowed to participate in this equine activity, **to hereby indemnify, save, and hold harmless all of those parties heretofore mentioned, from any and all claims for loss, damage, and/or injury to any third party resulting from, arising out of, during the course of, or in connection with my participation in said equine activity.**

This Release and Liability Waiver is presumed effective until such time that written notice is provided by the participant or BREA or Roanoke County Parks, Recreation, and Tourism.

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent if participant is under 18)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

# USEA Release Form

## For USEA Educational Activities & Schooling Shows

Name of Activity/Schooling Show: Bonnie Mosser Cross Country Clinic Hosted by BREA USEA Area: II

Date(s) to be held: June 4-5, 2011 Location: Green Hill Park Equestrian Center State: Salem, VA

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA, and, where applicable, the *U.S. Equestrian Federation Rules for Eventing*.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the *U.S. Equestrian Rules for Eventing*. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband. I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity I agree to assume responsibility for those risks, and I release and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

**THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.**

Participant's Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Contact phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Trainers Name (At this Event): \_\_\_\_\_ Phone: \_\_\_\_\_

Number of horses I will be riding during activity (if applicable): \_\_\_\_\_

Level now riding (Check one if applicable):

Beginner Novice  Novice  Training  Preliminary  Intermediate  Advanced

Check appropriate box:

I am a USEA member and my number is #: \_\_\_\_\_

I am **not** a USEA member

I am **not** a USEA member. I wish to join and enclose my membership form and dues.

Check here if participant is under 18 years old.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)