

**“Riding Across Country? Yes I Can Do It Clinic” with Cheski Brown
National Equestrian Centre - Taupo 17th, 18th, 19th September.**

Entry Deadline: **Friday, 10th September 2010.** Late entries: **Accepted subject to space availability**

Join Cheski Brown (ESNZ Performance Coach) for an Across Country Riding & Jumping Clinic on September 17th, 18th, 19th September at The National Equestrian Centre, Taupo. PREVIOUS EVENTING EXPERIENCE IS NOT NECESSARY. Clinic is appropriate for all interested riders, **HOWEVER** you and your horse or pony should be comfortable jumping cross rails and/or confident riding in an open space. Riders who wish to ride one, two or all three days – are welcome to do so.

Reg: \$ 65.00/session* or \$ 180.00* for all 3 days. * = Plus Special Clinic Rate Ground Fee of \$30/day covers Camping / Yard or Paddock + use of all Riding Facilities for each Rider/Horse Combination.

Clinic format: Participants will receive a 1½ hour group coaching session per day, working on the flat for Across Country Riding and over cross country fences. Cheski will use the information provided in this application form to divide participants into groups of similar background and ability. Your group composition, and the time for you to be tacked up and ready to ride at NEC Taupo will be sent to you by e-mail on Wednesday 15th September evening.

Please **Complete ALL SECTIONS** & Send to **Jan Sanders** Tel: **09 23 63 867** by e-mail / fax or post
E-mail: info@abderry.co.nz Fax: **09 23 63 015** Postal Address: **540, Glenbrook Road, RD4 Pukekohe 2679**
Web: www.abderry.co.nz

I acknowledge that the sport of riding and jumping horses in open country is a high risk sport and that I am participating in this clinic at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport. I further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling. In consideration of being allowed to participate in this clinic, I hereby assume all risk and I hereby release and absolve Abderry Equine Services, the ESNZ National Equestrian Centre, Taupo and their officials, clinicians, volunteers, Officers, Directors, agents, representatives and employees, independent contractors and the owners and occupiers of the land upon which the clinic is held from all responsibility, liability, or claims of any nature and kind which I may have arising from my participation in this activity, including but not limited to bodily injury or death to myself or the horse(s) I am riding and damage to property arising from any cause whatever, including the negligence of one or more of the individuals and organizations referred to herein. I hereby declare that in making this entry that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Rider Signature _____ Owner/agent of horse Signature _____

(If the rider is under eighteen years, the parent/guardian must also sign below)

I acknowledge as parent/guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein on behalf of _____ and myself.

Parent/guardian Signature _____ Owner/agent of horse Signature _____

Date _____

Rider Information: Please make sure all info is clearly legible!

First Name		Surname		Horse Name	
Best Contact Tel #		Email			

Rider Experience Level

Your age		(In recent times) how many years have you been riding?		Have you been on an endurance or trekking ride?	
Have you ever competed in an ODE (on any horse or pony)?				If so, what is the highest level you have competed at?	
Have you ever competed at Show Hunter or Show Jumping (on any horse or pony)?				If so, at what height?	
How old is the horse or pony you are bringing to the Clinic?		What height is he/she?		How long have you been riding this horse/pony?	
Has this horse/pony competed in an ODE?				Have you ridden it in an ODE?	
How many times a week are you riding your horse/pony at the moment and what work are doing in your rides?					
At home, what height of jumps are you comfortable jumping this horse/pony?				What height of fences would you like to jump on the clinic?	
Have you ever intentionally galloped this horse?				Are you happy with the idea of cantering this horse in an open paddock?	
Are you happy with the idea of jumping this horse in an open paddock?				When riding in the open with other horses are you comfortable trotting as a group?	

Please indicate the XC fence height range you will be comfortable jumping in the **1st** session of **YOUR** clinic:

under 0.50m	0.50-0.60m	0.60-0.80m	0.80-1.00m	1.00m +.
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Do You Have Any Concerns?

Have you ever fallen off your current horse/pony?		Have you ever fallen off any horse/pony while riding / jumping in an open area or in competition?		Have you hurt yourself enough to have to go to a doctor as a result of any fall?		When you ride across country are you worried about falling off / hurting yourself?	
If you have had a bad fall from a horse. Please explain when and what happened and the injury you sustained							
List any problems you are having with the horse/pony you will be riding at this clinic: eg. refuses a lot, too strong outdoors, knocks down poles, can be excitable in company or in strange places, bucks, etc.							
Please explain what (if anything) of the above behaviour makes you nervous and why this concerns you?							
Please outline what you would like to achieve in this clinic?							

Paddock / Yarding / Camping Requirements for this Horse/Rider Combination

ETA@ NEC		ETD from NEC		# of Days @ Taupo	Basic Daily Ground Fee	Sub Total	Plus Additional Campers @ \$10.00/night	Total Ground Fees
AM	PM	AM	PM					
					\$ 30.00			

Special Clinic Rate of \$30/day covers Camping / Yard or Paddock + use of all Riding Facilities for each Rider/Horse Combination. Additional Camping Fee/Person without horse is \$10.00/night

Clinic Requirements

Fri 17 th Sep	Sat 18 th Sep	Sun 19 th Sep	Session Fee	Sub Total	Fee if joining all 3 days	+ GF as above	Total Fees
			\$ 65.00		\$ 180		

Payment Options:

1. Direct Credit to Abderry Equine Services Bank Account at National Bank Pukekohe A/c No **06-0335-0438004-000**. Please enter your name & Taupo Clinic in the reference fields.

2. Credit Card Payment Visa Mastercard Expiry Date ___ / ___ 2.5% credit card surcharge applies

Name on Card _____ Signature _____

Card #

3. Post Cheque to **Abderry Equine Services, 540 Glenbrook Road, RD 4 Pukekohe 2679**

4. Queries to - **Jan Sanders** - Tel: **09 23 63 867** - E-mail: info@abderry.co.nz - Fax: **09 23 63 015** - www.abderry.co.nz