



**Dressage Ride-a-Test Clinic  
with Danielle Menteer (L\* Judge)  
And Barb Soukup (L\* Judge)**

**When** July 6, 2019, Saturday

**Registration Deadline:** June 15, 2019

**Where** Chagrin Valley Farms, Chagrin Falls, Ohio

**What** Here is your opportunity to improve your dressage test scores! Ride a test of choice, talk with the judge, then ride a test again. OR ride the test once and work on skills needed to improve the test. Scores will be given.

**Ride Times & Arenas** Rides will be scheduled every 20 minutes. Ride times will be available Wednesday before the clinic on the NODA website, [www.nodarider.org](http://www.nodarider.org). All dressage tests will be ridden in the large arena (20x60).

**Cost per Test Ride**

**\$40 NODA Members**

**\$50 Non-Members**

**\*\* Don't forget you can use your valuable NODA bucks to help pay for your clinic fee!**

**\*\* You may ride more than 1 test in the clinic. IF you ride more than one test you will be scheduled with both clinicians.**

**REGISTRATION FORM** (Please print and mail in the form below with your clinic payment)

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**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Email** \_\_\_\_\_

**Horse Name** \_\_\_\_\_ **Dressage Test(s)** \_\_\_\_\_

**Clinic Fee - NODA member** \$40 x \_\_\_\_\_ **Total Enclosed \$** \_\_\_\_\_  
(Number of Rides)

**Clinic Fee - Non-Member** \$50 x \_\_\_\_\_ **Total Enclosed \$** \_\_\_\_\_  
(Number of Rides)

**Make Check Payable To:**

Northern Ohio Dressage Association (or NODA)

**Mail Check To:**

Sally Burton, 8652 Beacon Hill Drive, Chagrin Falls, OH 44023

**Questions & Clinic Contact:**

440-221-7544 (Voice/Text) or [SchoolingShow@nodarider.org](mailto:SchoolingShow@nodarider.org)

**WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

A waiver of liability may be required by the organization and the facility. Rider/owner will accept full responsibility for themselves and the horse in regards to risk of injury. Rider/owner will abide by all facility regulations. Regardless of any agreement between the rider and owner, the rider is ultimately responsible for any fees owed to the facility for stabling and/or bedding.

**Rider's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If rider is under 18)

**Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\* Proof of Negative Coggins within one year of clinic date required with application. \*\*\***  
**An ASTM/SEI Certified helmet must be worn at all times when mounted.**