

## Western Dressage Ride A Test Clinic

With Teresa Wysong, "r"

When: Saturday, August 23, 2025

Registration Deadline: August 15, 2025

Where: Twin Towers Park, Yellow Springs, Ohio

Here is your opportunity to improve your dressage test scores right before Worlds! Ride a test of choice (thru Level 1), talk with the judge, then ride the 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 30 minutes. Limit: 2 "tests" per rider. Ride times will be available Wednesday, August 20<sup>th</sup>, before the clinic on the OHWDA website, [www.wdaoh.org](http://www.wdaoh.org). All dressage tests will be ridden in the large arena (20x60). Cost per Test Ride: \$25 OHWDA Members \$35 Non-Members. Stabling is available thru the Too Hot To Trot Horse Show entry form.

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 \_\_\_\_\_

WDAA Dressage Test(s) \_\_\_\_\_

Clinic Fee - OHWDA member      \$25 x \_\_\_\_\_ (Number of Rides) Total Enclosed \$ \_\_\_\_\_

Clinic Fee - Non-Member      \$35 x \_\_\_\_\_ (Number of Rides) Total Enclosed \$ \_\_\_\_\_

Make Check Payable To: Ohio Western Dressage Association (or OHWDA)

Mail Check To: OHWDA, 2819 East State Route 29, Urbana, OH 43078

Questions & Clinic Contact: (937)408-2108 (Voice/Text) or [owdariders@gmail.com](mailto:owdariders@gmail.com)

\*\*\* An ASTM/SEI Certified helmet must be worn at all times when mounted.

**All participants must complete an Ohio Liability Release and Acknowledgement and submit with entry**

# Ohio Western Dressage Association

## OHIO LIABILITY RELEASE AND ACKNOWLEDGEMENT

I AGREE that I chose to participate voluntarily in the Ohio Western Dressage Association Ride A Test Clinic and/or Ohio Western Dressage Association or sponsored activities. I am fully aware and acknowledge that horseback riding and equine activities carry inherent dangerous risks of accidents, loss, and serious bodily injury. In accordance with the Ohio Equine Liability Act, Ohio Revised Code 2305.321, I do hereby acknowledge the following INHERENT RISKS OF EQUINE ACTIVITIES:

- a) The propensity of an equine to behave in ways that may result in injury, death or loss to person on or around the equine;
- b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, to other animals;
- c) Hazards, including, but not liable to, surfaces or subsurface conditions;
- d) A collision with another equine, another animal, a person, or an object;
- e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other person, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

IN AGREE THAT: In consideration of the Ohio Western Dressage Association allowing my participation in Ohio Western Dressage Association hosted or sponsored activities, and /or any other equine activity, under the terms set forth herein, I, the rider, and the parent, legal guardian of a minor, do (a) agree to hold harmless and release the Ohio Western Dressage Association, its agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and insurers from legal liability due to any of their negligence or to the negligence or actions of other riders, auditors, clinicians, or spectators, (b) waive legal claim I or my minor child or ward named below may have against Ohio Western Dressage Association, its agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and Insurers for injuries resulting from any INHERENT RISKS OF EQUINE ACTIVITIES, as described above and in Ohio Revised Code 2305.321, and (c) agree that I am participating in all equine activities hosted, organized, or sponsored by the Ohio Western Dressage Association at my own risk and assumes all risk of damage or injury to my person, horse or property other than that due to the intentional misconduct of the Ohio Western Dressage Association. I understand that this waiver will remain effective unless and until revoked by me in writing. I also agree that the Ohio Western Dressage Association or its agents may terminate an activity at their discretion to maintain a safe, professional, and organized environment.

I understand and have read this Release/ Agreement and agree to its content

Rider's Signature: \_\_\_\_\_

(If the rider is a minor, this must be signed by the rider's parent or legal guardian)

Printed Name: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

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