

## Oregon Dressage Society, Inc.

### Demonstration Horse/Rider Application Form

**Instructions:**

Click inside response box and type your response (font will change automatically).  
 Type an "X" in the bold boxes to indicate a positive response.  
 Boxes will expand automatically as you type.  
**OR**, print this form and fill out by hand.

**Rider Information:**

|                 |  |               |  |      |  |
|-----------------|--|---------------|--|------|--|
| Name:           |  |               |  |      |  |
| Address:        |  |               |  |      |  |
| City:           |  | State:        |  | ZIP: |  |
| Phone (home):   |  | Phone (barn): |  |      |  |
| Phone (cell):   |  | Fax:          |  |      |  |
| E-mail address: |  |               |  |      |  |

|  |   |                        |  |
|--|---|------------------------|--|
| Years riding horses:                             |   | Years riding dressage: |  |
| Highest level schooled:                          |   | Highest level shown:   |  |
| Instructors ridden with in the past year (list): | Instructors ridden with in the past 5 years (list): |                        |  |
|  |   |                        |  |

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Do you ride in a dressage saddle?      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, what type of saddle do you use? |                          |     |                          |    |

Information for the riders to understand:

Your generosity in being willing to serve as a Demo Rider provides a very important service to both the clinician and the audience. However, it is important to remember that this is not a private lesson for your benefit alone. The clinician has a planned program of training theories and techniques to deliver to the audience, and a Demo Riders must be willing to do as the instructor requests, unless they believe it to be harmful to them or their horse. By signing this application the rider acknowledges their role as a Demo Rider and agrees to respectfully follow all requests and instructions made by the clinician.

Horses should be comfortable in a noisy environment. This is a symposium style event, so there will be lots of distractions, with people and horses moving about.

To be considered as a Demo Rider the application must be accompanied by a 5-8 minute video on DVD of the applicant riding the horse stated on this application. The video needs to show movements from the level that the rider has stated that they and the horse are working at. **Riders will not be considered without a video.** Demo Rider selection will be done by committee with final approval by the clinician. We will be unable to return the DVD's.

**Please direct questions to:**

**Francy Haupt, ODS Education Chair at [dqhorsestuff@comcast.net](mailto:dqhorsestuff@comcast.net) or 971-832-2260**

## Oregon Dressage Society, Inc.

### Demonstration Horse/Rider Application Form

**Horse information:**

|                         |               |                      |  |
|-------------------------|---------------|----------------------|--|
| Horse's Name:           |               |                      |  |
| Owner's Name:           |               |                      |  |
| Owner's Address:        |               |                      |  |
| City:                   | State:        | ZIP:                 |  |
| Phone (home):           | Phone (cell): |                      |  |
| E-mail address:         |               |                      |  |
| Horse's Breed:          |               | Horse's Age:         |  |
| Horse's Sex:            |               | Horse's Height:      |  |
| Highest level schooled: |               | Highest level shown: |  |

|   |    |                          |                              |
|---|----|--------------------------|------------------------------|
| Does this horse show any adverse reaction to the use of the following (if yes, please explain): |    |                          |                              |
| Lunge whip?   | No | <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Dressage whip?  | No | <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Spurs?  | No | <input type="checkbox"/> | Yes <input type="checkbox"/> |
| In the past 6 months has this horse had any illness or injuries?                                |    | <input type="checkbox"/> | No <input type="checkbox"/>  |
| If yes, please explain.   |    |                          |                              |
| In the past 3 months has this horse had any soundness problems?                                 |    | <input type="checkbox"/> | No <input type="checkbox"/>  |
| If yes, please explain.   |    |                          |                              |
| In the past 3 months has this horse bucked, reared or bolted while under saddle?                |    | <input type="checkbox"/> | No <input type="checkbox"/>  |
| If yes, please explain.   |    |                          |                              |
| In the past 6 months has this horse bitten or kicked at another horse or a person?              |    | <input type="checkbox"/> | No <input type="checkbox"/>  |
| If yes, please explain.   |    |                          |                              |
| In the interest of safety, is there anything else we should know about this horse?              |    | <input type="checkbox"/> | No <input type="checkbox"/>  |
| If yes, please explain.   |    |                          |                              |

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Will you provide a dressage saddle?          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, what type of saddle will you provide? |                          |     |                          |    |

**Waiver of Liability:**

**I understand that by participating as a Demo Rider I do so at my own risk and risk to the above named horse. I understand that the Oregon Dressage Society, and the staff, faculty members, organizers, volunteers, equestrian facility, or anyone acting in their behalf, are not responsible for any accidents, damage, injury or illness to horses, riders, spectators or any person in connection with this program.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Horse Owner's Signature

\_\_\_\_\_  
Date

**Please mail to:** Francy Haupt, 901 N. Brutscher St. #D-162, Newberg, OR 97132 by **Feb. 1, 2010**