

# NTEA Mary D'Arcy Clinic & Weekend Camp

***We have a covered arena, warm beds for horse/rider, & hot meals - don't worry about the weather! Join us for lots of good instruction, good times & good friends! NTEA 2012 Members Only - Renew Now! Please print legibly, make check payable to NTEA, and mail your Registration, Payment & Coggins to: NTEA c/o Kim Willnow, 6421 Bennett Lawson Rd., Mansfield, TX 76063***

- WHEN:** February 24-26, 2012 (Friday evening arrival & potluck supper; clinic Sat/Sun)  
**WHERE:** Cedar Creek Farm, 346 Peach Tree Road, Gun Barrel City (SE of Dallas, off I-20 near Canton)  
**WHO:** NTEA 2012 members only - Beg Novice level & above; under age 12 by permission  
**DETAILS:** **Your paid registration holds your spot - \$150 (Sat/Sun clinic only, no meals or overnight); \$195 (includes Sat/Sun clinic, overnights & meals for rider; bring a dish for Friday night potluck). After Feb 15, add \$25 late registration fee. BYOB!** Refunds only with vet letter or if clinic is full and your spot is filled from wait list.  
**STABLING:** Stabling w/ initial bedding, \$25 for both Fri/Sat nights (pay to Cedar Creek Farm upon arrival)  
**INFO:** Contact Kim Willnow, kwillnow@msn.com or 817-919-7263, or visit [www.nteventing.net](http://www.nteventing.net)

PARTICIPANT'S NAME:		NTEA #:	
Mailing Address:		City:	State/Zip:
Primary Phone #:		Secondary Phone #:	
Email Address:		Emergency Name/Phone:	
Parent's Name (Minors):		Parent's Phone (Minors):	
Horse's Name (match Coggins), age, sex & description:			
<b><i>So that we may place you in an appropriate group, please describe (attach additional sheets if needed):</i></b>			
1. Rider's experience (highest level competed & when):			
2. Horse's experience (highest level competed & when):			
3. Experience of this Horse/Rider as a pair (level competing, level schooling, when, how long):			
4. Who is your regular trainer/coach and phone/email?			
5. What do you hope to learn or accomplish by attending this Clinic?			
6. Will you need overnight stabling (\$25 additional charge - pay upon arrival)? Friday and/or Saturday (circle as applicable)			
<b><u>MEDICAL; PERMISSION FOR TREATMENT &amp; RELEASE:</u> I/MY CHILD HAVE NO LIMITATIONS WHICH WOULD IMPAIR ABILITY TO PARTICIPATE IN THIS CLINIC; ALL MEDICAL CONDITIONS/MEDICATIONS &amp; INFORMATION ARE LISTED BELOW. IF I/MY CHILD NEEDS EMERGENCY MEDICAL TREATMENT WHILE AT THE CLINIC, I AUTHORIZE THE PERSON IN CHARGE TO GIVE CONSENT TO EMERGENCY TREATMENT OR CARE; THE PERSON IN CHARGE WILL ATTEMPT TO REACH ME OR MY EMERGENCY CONTACT PROMPTLY. I RELEASE, INDEMNIFY &amp; HOLD HARMLESS NTEA, CEDAR CREEK FARM, LANDOWNER, CLINICIAN, AND/OR USEA AND THEIR REPRESENTATIVES FROM ANY LIABILITY FOR SUCH TREATMENT OR CARE. I UNDERSTAND THAT I AM RESPONSIBLE FOR MEDICAL EXPENSES. <u>PRINT LEGIBLY - ATTACH ADDITIONAL SHEET IF NEEDED.</u></b>			
<u>Medications &amp; Conditions:</u> _____			
<u>Physician:</u> _____		<u>Phone #:</u> _____	
<u>Preferred Hospital:</u> _____		<u>Emergency Phone #:</u> _____	
<u>Medical Ins. Carrier &amp; Phone:</u> _____		<u>Policy #:</u> _____	
<b><u>PUBLICITY &amp; RELEASE:</u> I AUTHORIZE NTEA, CEDAR CREEK FARM, LANDOWNER, CLINICIAN AND/OR USEA OR THEIR REPRESENTATIVES TO PHOTOGRAPH AND/OR QUOTE ME AND/OR FAMILY MEMBERS IN CONNECTION WITH THIS CLINIC &amp; TO PUBLISH SUCH ITEMS IN NTEA, CEDAR CREEK FARM, LANDOWNER, CLINICIAN AND/OR USEA EDUCATIONAL AND/OR PROMOTIONAL MATERIALS (INCLUDING WEBSITE, NEWSLETTER, MAGAZINE, ETC.) &amp; LOCAL/NATIONAL MEDIA OUTLETS. I RELEASE, INDEMNIFY AND HOLD HARMLESS NTEA, CEDAR CREEK FARM, LANDOWNER, CLINICIAN, USEA &amp;/OR THEIR REPRESENTATIVES FROM LIABILITY .</b>			
<b><u>RELEASE, INDEMNITY:</u> I FURTHER HEREBY RELEASE, INDEMNIFY &amp; HOLD HARMLESS NTEA, CEDAR CREEK FARM, LANDOWNER, CLINICIAN FAMILY AND/OR USEA &amp; THEIR REPRESENTATIVES FROM ANY LIABILITY, INCLUDING INJURY, DEATH OR PROPERTY DAMAGE RELATED TO OR ARISING OUT OF PARTICIPATION IN THIS CLINIC &amp; WILL SIGN SUCH OTHER RELEASES &amp; MEDICAL INFORMATION AS REQUESTED BY NTEA, CEDAR CREEK FARM, FREEMAN FAMILY AND/OR USEA IN CONNECTION WITH THIS CLINIC.</b>			
Participant (Parent/Guardian for Minor) Signature: _____ Date: _____, 20____			