

Please join us at this years

**AREA IV YOUNG RIDER'S
Adult and Young Rider Camp**

at

LAMPLIGHT EQUESTRIAN CENTER, Wayne Illinois

with

Jonathan Holling, Allison Springer, Sinead Halpin

*

Yvonne Barteau, Natalie Varcoe-Cocks, & Dr. Katie Chiles DVM

Four FULL days of eventing experience with TOP riders and professionals. Pack your bags, load your trailer and come join us at this very unique opportunity to improve your riding skills, enjoy good food, and good company all at one of the finest equestrian facilities in the country!

Stabling included and food provided by *PLEASURES* creperie. Daily lunch will be your choice of Salad or Fresh Fruit Crepe or Hamburger made to order plus beverage and chips.

Please sign up early to help us better organize this event. Space is limited. Refunds provided if space can be filled from wait list.



**Entries to: Hallie Glennie
PO Box 424, Wayne IL 60184
Fax 630 497 8446
Phone 630 240 4656
youngriders@usea4.org**

2010 Area IV Young Riders Camp
July 14th – 17th
Lamplight Equestrian Center Wayne, Ill

Training from Top Professionals Including:

Dressage Cross Country, & Show Jumping with:

Jonathan Holling of Willow Run Farm in Ocala Florida. Jon is the Area IV Young Riders Coach, a Level 4 ICP Certified Instructor, and the Coach of the Puerto Rican eventing team at this years Central American Games. He is also a successful advanced CCI**** rider who has completed such events as Rolex, Burghley, and the World Cup Finals at Malmo.

www.HollingEventing.com

Allison Springer of Middleburg Virginia. Allison is an Area IV Young Rider selector, a Level 4 ICP certified Instructor, a Graduate "A" Pony Club member, and Coach of the Haitian eventing team at this years Central American Games. She has also competed successfully at events through advanced CCI**** including ROLEX, Blenheim, Burghley, and Pau.

www.AllisonSpringer.com

Sinead Halpin of Hart Farm in Gladstone New Jersey. Sinead is also one of our Area IV Young Rider selectors, and an ICP Certified instructor. She is an international competitor and trainer, and has been riding at the advanced level since 1999. Sinead is a member of USET developing riders program and had a top 5 finish at 2009 Fair Hill CCI***.

www.SineadHalpin.com

Dressage Ride-A-Test with:

Yvonne Barteau of KYB Dressage in Maple Park Illinois. Yvonne is an FEI Trainer, Rider, and Instructor. She is also a USDF Bronze, Silver, and Gold medalist and has earned her Bronze, Silver, and Gold Freestyle Bars. She is also author of "Ride the Right Horse." Her daughter Kassie Barteau, the winningest young rider in US dressage history and 3-time USEF National Young Rider Champion. Yvonne will be judging a test for each rider and provide feedback to help improve his or her test scores.

www.KYBDressage.com

Grooming & Stable Management with:

Natalie Varcoe-Cocks of Aiken South Carolina. Natalie is a professional eventing groom who has groomed at nearly every CCI*** and CCI**** event throughout Europe and the US. She has groomed for several top riders including David Green, Bonnie Mosser, Phillip Dutton and Jan Byyny. She will be teaching riders the backstage tricks and details to turning a horse out beautifully and keep things running smoothly.

Performance Horse Management with

Dr. Katie Chiles, DVM of Merritt and Associates Equine Hospital. Dr. Chiles has a strong interest in Equine Sports medicine and is certified in Veterinary Spinal and Manipulation Therapy. She will be performing lameness exams on all NAJYRC horses and will also be lecturing on soundness and performance horse management.

www.MerrittEquine.com



Emergency Medical Release Form

Notice to All Riders

To avoid any unnecessary delay, the USEA recommends that you fill out and sign this form. You should make arrangements with a responsible person accompanying you to have this form available to medical personnel.

Name: _____

Soc. Sec. #: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Person to Contact in Case of Emergency

Name: _____

Telephone: _____

Cell: _____

Medical Insurance Company: _____

Policy #: _____

Member #: _____

Medical Information

Prior Medical History: _____

Allergies: _____

Contact Lenses: _____

Medical Doctor: _____

Telephone: _____

Date of Last Tetanus Shot: _____

Other: _____

Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the horse trials, you should consider using this form in conjunction with your child's entry. You should make arrangements for a responsible person accompanying your child to have this form available to medical personnel if required.

Release for an Adult Rider

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____

Date: _____

Release for a Minor Rider

If emergency medical care is required for:

Child's Name: _____

and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____

(parent or guardian)

Date: _____



USEA Stabling Form

Event Name: _____ Date: _____

Name of Rider: _____ Phone: _____

Stable with (Name of person(s)) : _____

Special needs/requests: _____

OFFICE USE ONLY

Please complete all sections below. Place check marks in appropriate box, indicating the nights stabling is needed.

Name of Horse	Stallion/Mare/Gelding	HT	Dates Stabling required	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Need a Tack Stall? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No										

Approximate Time of Arrival: _____

Rider Staying at: _____ Phone: _____

RV/Camper Hook-ups (if available) Yes No Fee \$ _____

Transport is: Small Trailer Large Trailer or Van

If available, I prefer: Straw Shavings

FEES:

Stalls \$ _____

Tack Stalls \$ _____

RV Hook-up \$ _____

Other \$ _____

Total \$ _____

PAYMENT: Included with entry check Separate check



USEA Stabling Form

Event Name: _____ Date: _____

Name of Rider: _____ Phone: _____

Stable with (Name of person(s)) : _____

Special needs/requests: _____

OFFICE USE ONLY

Please complete all sections below. Place check marks in appropriate box, indicating the nights stabling is needed.

Name of Horse	Stallion/Mare/Gelding	HT	Dates Stabling required	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Need a Tack Stall? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No										

Approximate Time of Arrival: _____

Rider Staying at: _____ Phone: _____

RV/Camper Hook-ups (if available) Yes No Fee \$ _____

Transport is: Small Trailer Large Trailer or Van

If available, I prefer: Straw Shavings

FEES:

Stalls \$ _____

Tack Stalls \$ _____

RV Hook-up \$ _____

Other \$ _____

Total \$ _____

PAYMENT: Included with entry check Separate check



Release Form

For USEA Educational Activities & Schooling Shows

Name of Activity/Schooling Show: _____ USEA Area: _____

Date(s) to be held: _____ Location: _____ State: _____

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA, and, where applicable, the *U.S. Equestrian Federation Rules for Eventing*.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the *U.S. Equestrian Rules for Eventing*. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is wholly at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity I agree to assume responsibility for those risks, and I release and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

Participant's Name *(Please Print)*: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

Number of horses I will be riding during activity *(if applicable)* : _____

Level now riding *(Check one if applicable)*:

Beginner Novice Novice Training Preliminary Intermediate Advanced

Check appropriate box:

I am a USEA member and my number is #: _____

I am *not* a USEA member

I am *not* a USEA member. I wish to join and enclose my membership form and dues.

SIGNATURE: _____ Date: _____

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)

**COMPLETE RELEASE FROM LIABILITY IN CASE OF INJURY OR LOSS,
WAIVER and INDEMNITY AGREEMENT**

I/we understand that horseback riding and related activities such as eventing are dangerous and involve risk of serious injury and/ or death and/or property damage including injury to horses, spectators and others. Accordingly, I/we agree that any activity engaged in by me on premises owned or leased by the Wayne DuPage Horse Trials, Inc., or related to horseback riding if off the premises is done at my own risk. Accordingly, I/we release and agree to hold harmless the USEA, USEF, FEI, Wayne DuPage Horse Trials, Inc., Lamplight Equestrian Center, Mrs. Ron Dennison, the Forest Preserve District of DuPage County, Maui Jim Inc. and all officers, owners and directors, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees and promoters, sponsors, other riders, horseowners, advertisers, sales persons, photographers, volunteers, (hereinafter called RELEASEES) from all liability for negligence or otherwise. I/we assume all responsibility for the risk of bodily injury, illness, death of myself and/or my horse(s) and any property damage due to the negligence of the Releasees or otherwise while on or off the premises described above, or heavily engaged in horseback riding-related activities, and/or while training, riding, competing, officiating, observing, teaching, working for or for any purpose relating to horseback riding, eventing or participating as rider, spectator or volunteer in such activities. I/we agree not to sue any Releasee, and I/we release and agree to indemnify Releasees from and for all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands thereafter on account of injury to the person or property or death of undersigned whether caused by the negligence of the Releasees or otherwise. I/we agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State where these activities are conducted, and if any part thereof is held invalid, it is agreed that the balance shall continue in full force and effect. I/we have read and voluntarily signed this agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreements have been made.

WARNING

(pursuant to IL SB 240)

UNDER THE EQUINE LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE
ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL
RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY
RESULTING FROM THE RISK OF EQUINE ACTIVITIES.

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT.

Rider or Parent of Minor Rider _____

Date _____

Name & Phone number of emergency contact _____