

Team Molokai



Learn to Ride Cross Country Effectively with **DOROTHY TRAPP CROWELL ...**

and help her get to the Burghley Horse Trials in England!*

* This clinic is one of a number of fundraisers planned to help Dorothy & Radio Flyer raise the funds needed to travel to and compete at the Burghley Horse Trials this September.

- **Dorothy Crowell was a member of the 1992 and 1996 Olympic teams**
- **Winner of the Silver Medal at the World Championships at The Hague in 1994**
- **Winner of the first USET Four-Star Championship at Rolex**
- **Has competed in every four-star event in the world with the exception of Australia**

When ? Ride July 25 and/or July 26 Closes July 20th

Where ? **The Incredible FLYING CROSS FARM in Skylight, KY**

Directions to FCF: I-265 north to end. Right on US Hwy 42. 9.7 miles on the right. 9220 Hwy. 42, Skylight, KY 40026

Cost ? \$150 per two-hour session; max 5 per group

Levels ? Green-as-grass up to Advanced



A Recognized educational event of the United States Eventing Association (USEA)

Clinic BONUS! Riders each receive 10 free tickets to **The Carrot Game****.

Prize is a week of training at Dorothy's Sycamore Hills farm. See <http://teammolokai.net/>

Saturday evening (7/25) barbeque is included free for all riders, their friends and friends of Dorothy at the Gerbino's home in Crestwood; includes a silent auction and The Carrot Game. Auction will include a framed, signed poster of the 1992 Olympic team, a guided tour for six of Ashford Stud, an equine oil painting, pewter horse-head trays, etc.

Stabling - \$25/night at Alta Vista Farm. Shavings available for purchase.

Directions from Flying Cross: Go north on US Hwy. 42 past Skylight Center on your left, then turn onto Liberty Lane on your right (before the purple water tower). Road will dogleg left, then right- take the 2nd drive on your right to the "green" barn. Take the 3rd drive on the right for the indoor arena and the "school horse" barn.

Directions from I-265 North: Turn right on US Hwy 42 when I-265 North dead ends. Liberty Lane is about 7 miles north of the Oldham County line.

Clinic Box lunches from Panera available for \$10; see clinic entry form.

RESERVE YOUR SPOT(S) IN THIS AMAZING CLINIC TODAY !

Call Peggi Bindner @ 502-228-5678 or e-mail pfb5678@aol.com

This clinic is made possible through the generosity of Allen Northcutt

Clinic with Dorothy Crowell at Flying Cross Farm

7/25/09 & 7/26/09

Name _____

Address _____

Email (please print clearly) _____

Phone (home and cell) _____

RSVP for barbeque - Yes ___ No ___ # attending? ___

Directions to Gerbino's: US 42 north to Hwy 393. Left on Hwy. 22 (east) to Centerfield.

Pass mile marker #9, then turn right onto Carpenter Dr. - 5007 Carpenter Dr. 502-222-5568.

Rider info: Highest level competed _____

Horse info: Highest level competed _____

Current level competing for both _____

Available? Check all possible: Sat AM ___ Sat PM ___ Sun AM ___ Sun PM ___

Box lunch? Turkey w/swiss _____ Beef w/cheddar _____ Veggie _____

Stabling? Fri _____ Sat _____

Approx. bags of shavings needed? _____ (buy on-site)

Cost:

Session(s) \$150 each _____

Box lunch \$10 each _____

Stabling \$25/night _____

Total: _____

Please make checks payable to: *Dorothy Crowell*. Include the completed, signed USEA Release with your entry. Armband required; Coggins not needed.

Send to: Peggi Bindner, 1308 Meadowridge Trl, Goshen, KY 40026
home (best #) 502-228-5678; cell 502-550-2640; fax 502-228-9279.

Times available Thursday, July 23 at noon.

*Scratches after close of 7/20/09 only refunded if spot filled from Wait List.

**Please make a note: direct questions after Friday, July 24 to:

Sat - Emily Moscoe 502-599-8630

Sun - Sandy Gerbino 502-649-0805

The USEA insurance policy does not provide coverage for claims resulting from incidents involving unlicensed/under aged drivers of motorized vehicles, including but not limited to golf carts, ATVs, dirt bikes, and motorized scooters. It is the organizer's responsibility to make sure that youngsters (including volunteers, spectators, and competitors) who do not have a license to legally drive an automobile in their state **do not** operate any of these types of motorized vehicles during your activity.

Warning: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

"I enter the Dorothy Crowell Cross-Country Clinic at my own risk. I will not hold Dorothy Crowell, any or all of her assistants for the clinic, any employees of FCF or W. Allen Northcutt III/Flying Cross Farm Revocable Trust Agreement responsible for any injuries, damages, or theft to me, my guests, my horse or my property. **By signing this entry form, I promise to not allow unlicensed drivers to operate any motorized vehicles that are under my ownership or control that are listed in the above paragraph.**"

Signed: Rider or Parent of rider under age of 18 _____

Date: _____

Instructions for completing the USEA Liability Release:

Name of Activity: Dorothy Crowell XC Clinic

USEA Area: Eight

Dates: 7/25/09 & 7/26/09 Location: Skylight, KY



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 solely 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: _____ Cell Phone: _____ Emergency Contact phone: _____

Fax: _____ Email: _____

Trainers Name (At this Event): _____ Phone: _____

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.

Check here if participant is under 18 years old.

SIGNATURE: _____ Date: _____

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