

# Lucinda Green Clinic

SIX TIME WINNER OF BADMINGTON, WORLD CHAMPION,  
OLYMPIC SILVER MEDALIST AND MASTER CLINICIAN.

LUCINDA'S INSTRUCTION EXPERTISE DRAWN FROM HER VAST  
EXPERIENCE IN EVENTING IS WORLD RENOWNED.

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This two day clinic steers horse and rider  
to the technics of mastering the cross country  
must have skills for safety and success.  
Open to all levels for both horse and rider-  
beginner novice thru advanced

**APRIL 20-21, 2018**

**Reduced rate for early entry**

**[www.wingreenxc.com](http://www.wingreenxc.com) for details**



## Win Green

Providing cross country schooling for  
baby novice thru preliminary.

Appointments available year round  
Located in Orange, VA between Culpeper  
and Fredericksburg.

# *Lucinda Green Clinic*

April 20-21, 2018

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## **To participate you will need:**

- \***Completed Entry Form**
- \***Entry Fee**-\$425 before Dec 31,2017/\$450 as of Jan 1, 2018
- \*\*\$200 deposit check required to hold spot (or entire entry.)
- \*\***Balance of entry check** dated March 1, 2018,  
which will be held until March 1,2018
- \***Negative Coggins**, can be sent prior to clinic
- \***USEA Release Form**
- \***Win Green Release Form**

Auditors welcome, \$25 for both days, \$15 for one  
\*auditor form

Microphone for riders and auditors will be available,  
as will Lucindas books and DVDs.

## **Competition attire/gear required.**

Each group of 4-5 will ride for about 2 hours each day.  
Day 1: Cross-country technique using schooling jumps  
Day 2: On cross-country course

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Make checks payable to Win Green LLC  
Cancellation refunds (less \$50) if spot can be filled.

Win Green LLC/Clinic  
27510 Mine Run Rd  
Rhoadesville, VA 22542

Contact: Kelly Adams  
703 618-3686  
wingreenllc@aol.com



# ENTRY FORM

## Lucinda Green Clinic

April 20-21, 2018

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### Rider info

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

### **For grouping purposes:**

Level now riding \_\_\_\_\_ Age, if minor \_\_\_\_\_

### Horse

Name \_\_\_\_\_ Age \_\_\_\_\_

Competing experience \_\_\_\_\_

### **As a pair, for this clinic...check appropriate group**

\_\_\_\_\_ beginner novice \_\_\_\_\_ novice \_\_\_\_\_ training \_\_\_\_\_ preliminary

Describe any additional info to assist in group placement, ie specific goals or problems on back of this page.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/guardian if under 18 \_\_\_\_\_

### **Water/washstall available for all.**

**\*Stabling** \$40/night, shavings available for purchase or provide your own.

Bring your own buckets.

\*First reserve, first serve. Additional stabling nearby.

Yes, I need stabling \_\_\_\_\_ No, I do not need stabling \_\_\_\_\_

Horse's height \_\_\_\_\_

Expected # of nights \_\_\_\_\_

Local hotel accommodations in town of Orange, 12 mi.

\*Limited plug in for trailers \$10/night





# USEA AUDITOR SIGN-UP SHEET

ACTIVITY NAME: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

**AUDITOR(S) NAME (1):** \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE CHECK WHERE APPROPRIATE**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> RECOGNIZED EVENT COMPETITOR   | <input type="checkbox"/> UNRECOGNIZED EVENT COMPETITOR     | <input type="checkbox"/> COMPETITOR'S RELATIVE/FRIEND |
| <input type="checkbox"/> USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> NOT USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> USEA MEMBER (# _____)        |
| <input type="checkbox"/> USPC MEMBER (RATING: _____)   | <input type="checkbox"/> PONY CLUB INSTRUCTOR              | <input type="checkbox"/> OTHER: _____                 |

COMMENTS: \_\_\_\_\_

ACTIVITY NAME: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

**AUDITOR(S) NAME (2):** \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE CHECK WHERE APPROPRIATE**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> RECOGNIZED EVENT COMPETITOR   | <input type="checkbox"/> UNRECOGNIZED EVENT COMPETITOR     | <input type="checkbox"/> COMPETITOR'S RELATIVE/FRIEND |
| <input type="checkbox"/> USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> NOT USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> USEA MEMBER (# _____)        |
| <input type="checkbox"/> USPC MEMBER (RATING: _____)   | <input type="checkbox"/> PONY CLUB INSTRUCTOR              | <input type="checkbox"/> OTHER: _____                 |

COMMENTS: \_\_\_\_\_

ACTIVITY NAME: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

**AUDITOR(S) NAME (3):** \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PLEASE CHECK WHERE APPROPRIATE**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> RECOGNIZED EVENT COMPETITOR   | <input type="checkbox"/> UNRECOGNIZED EVENT COMPETITOR     | <input type="checkbox"/> COMPETITOR'S RELATIVE/FRIEND |
| <input type="checkbox"/> USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> NOT USEA ICP CERTIFIED INSTRUCTOR | <input type="checkbox"/> USEA MEMBER (# _____)        |
| <input type="checkbox"/> USPC MEMBER (RATING: _____)   | <input type="checkbox"/> PONY CLUB INSTRUCTOR              | <input type="checkbox"/> OTHER: _____                 |

COMMENTS: \_\_\_\_\_

**RETURN SIGN-UP SHEET TO:**

USEA | 525 Old Waterford Rd, NW | Leesburg, VA 20176 | Fax: (703) 779-0550 | Email: [Memberservices@useventing.com](mailto:Memberservices@useventing.com)



# USEA EDUCATIONAL ACTIVITIES AND SCHOOLING SHOWS RELEASE FORM

NAME OF ACTIVITY/SCHOOLING SHOW: \_\_\_\_\_ USEA AREA: \_\_\_\_\_

DATE(S) 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 or bracelet.

**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: \_\_\_\_\_

TRAINER'S NAME (AT THIS EVENT): \_\_\_\_\_ PHONE: \_\_\_\_\_

NUMBER OF HORSES I WILL BE RIDING DURING ACTIVITY (if applicable): \_\_\_\_\_

Current Riding Level (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 have enclosed 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**. This release form is valid only when signed personally by the participant. **Signatures of all others, with the exception of a parent or legal guardian of a minor, will not be accepted in the event a claim is filed.**)