



Instructors' Certification Program Assessment Registration Form

Presented in part by:
 CHARLES OWEN

You must be able to check off all of these boxes prior to your Assessment:

- Must be 18 years or older to register ICP Registered Candidate Show Proof of First Aid/CPR Certification
- Current USEA member at time of Assessment Show Proof of Child Abuse Clearance (No ICP certificate sent until all requirements are met.)

Applicant Name: _____
(Please print or type)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Tel: _____ **Fax:** _____ **E-mail:** _____

Applicant Signature: _____ **Date:** _____ **USEA Member #** _____

I WISH TO REGISTER FOR THE FOLLOWING:

ICP Assessment:

Dates: _____ **Location:** _____

Certification Level: _____

FEES:

- Candidate Instructors: \$500 per person.
- Deposit required with registration application: \$125 per person.
Balance due 30 days prior to start of the assessment. You may elect to pay the full amount at the time of registration.

PAYMENT:

Enclosed is my check made out to USEA (U.S. funds only) to cover the initial deposit: \$125.00

OR To cover full payment: \$500

Please charge the: Initial deposit Full amount to my: VISA MASTERCARD AMERICAN EXPRESS

Credit Card #: _____ **Expiration Date:** _____

Name on credit card if different from applicant: _____

Signature of card holder: _____ **Date:** _____

Please indicate by checking one of the following your preferred method of payment of the BALANCE DUE:

- Please charge the additional installment payments to my credit card 30 days prior to the assessment.
- I will send a check for the balance due 30 days prior to the assessment.

Note: Registration forms which are not completed and signed on the front and back (Release Form) will not be accepted.

Mail this signed registration form and initial fee to: Nancy Myers, Educational Programs Manager,
USEA, 525 Old Waterford Rd. NW, Leesburg, VA 20176 • Tel: (703) 779-0440 • Fax: (703) 779-0550



Release Form

For USEA Instructors' Certification Program



Name of Registered Activity: _____ USEA Area: _____

Date(s): _____ 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 Federation Rules for Eventing*. I understand that the USEA mandates that all riders in cross-country 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 #: _____

Number of days attended: _____

I am not a USEA member. I wish to join and enclose my membership form and dues. (Non-members who complete membership application form and submit it with their dues and this form to Organizer do not pay the non-member daily fee for the activity).

SIGNATURE: _____ Date: _____