

New York State Horse Council, Inc.

Sponsors the:

23rd Annual Competitive Trail Riding Clinic

June 4, 5, and 6, 2010

The 23rd Annual Competitive Trail Riding Clinic, sponsored by New York State Horse Council and sanctioned by Eastern Competitive Trail Riding Association (ECTRA) will be held June 4, 5, and 6, 2010 at New York State's Department of Environmental Conservation Brookfield Trail System. This 130-mile horse trail system is located southwest of Utica and 8 miles south of Route 20.

The three-day clinic is designed for experienced riders of any age seeking an introduction to the sport of competitive trail riding. Guidelines will follow the RULES AND REGULATIONS of ECTRA. Clinic instruction will be jam-packed with information pertaining to the sport, health and care of your horse, and safety awareness while camping with your horse.

The clinic officially begins at 1:00 PM, Friday, June 4. After registering participants will ride a marked 5-mile trail over varied terrain. Riders will keep track of their time for each (marked) mile segment. This will be useful when pacing is taught over the same segment of trail the next day. This may take riders between one and two hours so you want to give yourself enough time to register, get your horse settled in a box stall, set up your camping needs, and be able to have finished your 5 mile ride by 5:00 PM.

Immediately following the evening meal a don't-miss-it lecture/discussion will begin by Anne Filley of Trumansburg, NY, head instructor. Her presentation will continue after Saturday's breakfast. She will talk about a wide variety of topics including conditioning the horse and rider, horse anatomy and physiology, shoeing, judging, scoring, and horse camping safety. Afternoon activities will change to small groups who will rotate to presentations on saddle fitting, cooling horses and taking pulse and respiration, equitation for varied terrain and distance, pacing, and horse presentation to judges. These are all hands-on activities. Each participant will have the opportunity to hear presenters and to get some individual attention for their specific interests. The NY 50/30 Mile Competitive Trail Rides' official farrier will talk on shoeing for the distance horse Saturday evening.

"Vetting in" for Sunday's 15-mile mock competitive trail ride will be part of Saturday's round-robin activities. As on a real competitive trail ride (or endurance ride) horses not passing the initial "vetting in" exam (due to serious or progressive lameness, experiencing pain or not under control) will be excluded from the trails. A mock 15-mile competitive trail ride will take place on Sunday morning. The format will be the same as a real ECTRA sanctioned ride. Activities will conclude no later than 3:00 PM Sunday afternoon.

Those who audit the clinic (come without a horse) will participate in all phases of the clinic. Audits will learn how to apply knowledge learned at the clinic to benefit their horses and improve their riding and horse care techniques.

The fee for the clinic is \$125 for NYS Horse Council members and \$135 for nonmembers. Audit fees are \$90 for NYSHC members and \$100 for nonmembers. The fee includes a hot breakfast buffet and chicken or egg salad sandwich bag lunch both Saturday and Sunday and an excellent catered chicken barbecue dinner on Saturday evening. A fish substitute for the chicken is available. Friday evening's included meal will be macaroni and cheese, beets, salad and roll. Beverages are included. You will need to make your own provisions for any other special dietary needs.

The clinic will be held at the Madison County Fairgrounds in Brookfield. Detailed directions will be sent with acknowledgment of your entry and fee.

Camping is the **ONLY** accommodation offered. Campers must bring their own equipment (tents, sleeping bags, etc.). Any kind of "RV" is allowed. A dump station is on the property. Electric and gray water hook-ups are available with advanced reservations for \$12 each night. Sleeping in horse trailers on drop cloths or cots is suggested as a tent alternative. Flush toilets and hot showers are on the premises. There is no additional charge for these conveniences.

Dr. Ann R. Chaffee, Trumansburg, NY, is our veterinarian. As a knowledgeable, natural teacher she is an asset to our clinic. The clinic is fortunate to be staffed by highly qualified competitive trail riders. Their experience includes thousands of miles on completed rides, accredited ECTRA judges, riding instructors, Pony Club and 4H clinicians. They have traveled from Nova Scotia to North Carolina to compete and have many horse camping experiences.

Early reservations for the clinic are suggested, as the number of participants is limited. Reservation deadline is May 24, 2010. A full refund, minus a \$5 clerical fee, will be honored if a cancellation is made by May 24. No refunds will be made after May 24 unless your spot is filled from the waiting list. A check or money order for the full amount must accompany the enclosed entry form. Acknowledgment will be sent upon receipt of your entry form and fee.

IMPORTANT INFORMATION

1.) NYSHC and ECTRA events require all participants to wear a safety helmet while mounted throughout the event. Protective headgear must be in good condition and manufactured to meet current recognized US testing standards, stamped ASTM F 1163/SEI inside the helmet. Helmets will be checked upon registration when you arrive.

2.) Horses **MUST have a 2010 (dated 2010) negative Coggins test and a current rabies vaccine.**

3.) All other proper vaccinations are recommended.

4.) Horses must be a minimum age of 4 years old by June 4, as determined by registration papers or the clinic veterinarian.

5.) A stallion may not be ridden by a Junior rider (one who is under 18 years of age), must be under control, and must have tail flagged with yellow ribbon.

6.) **It is strongly suggested that horses come with front feet protected** with any type of shoes or type of Easy Boots. This recommendation is aimed to protect your equine from lameness injuries that have occurred to barefoot horses on rocky trail sections. A farrier will not be on the grounds to attend to shoeing.

7.) Dogs are allowed but must be leashed, tied or caged, and quiet.

8.) Out-of-state horse owners should travel with a 30-day health certificate.

In addition to your horse and camping needs bring 3 or 4 water buckets (if possible) and a watch with a second hand. It will be "bug" season so come prepared to spray your horse and yourself for comfort. Bring your own bedding for your box stall. Be prepared for any kind of weather.

Send completed entry form and check (made payable to NYSHC) to:

Eva Norris

253 Allen Road

Port Crane, NY 13833-1307

For more information, call Eva, clinic secretary, at 607-693-4024 (evenings and weekends best time to call) or email: Eva83919@aol.com. You may also contact Nancy Hart, clinic chairman, at 315-673-4326, nala.hart@yahoo.com.

23rd ANNUAL COMPETITIVE TRAIL RIDING CLINIC

Sponsored by:
The New York State Horse Council and Eastern Competitive Trail Riding Association

COST: Please circle all that apply.

RIDERS-- NYSHC members-\$125, Nonmembers-\$135,

AUDITS--NYSHC members, \$90, Nonmembers-\$100

RV water and electric hook-up-\$12 PER night (\$24 for week-end)

RIDER INFORMATION:

Name _____

Street _____

City/Town _____

State _____ ZIP _____

Phone (_____) _____ - _____

Email _____

JUNIOR RIDER (Under 18 years of age) Yes _____ No _____

If yes, Parent or Guardian must sign the AGREEMENT to grant permission to participate and to agree to certain conditions.

HORSE INFORMATION:

Name _____

Breed _____ Age _____ (MUST be a minimum of 4 years by June 4, 2010 determined by breed papers or clinic veterinarian).

Color _____ Sex _____ Height _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Phone (_____) _____ - _____

Make checks payable to NYSHC.

Total enclosed \$ _____

Return this form and appropriate fee, the questionnaire (audits complete what is applicable—be certain to answer number 16), and the signed AGREEMENT.

AGREEMENT

This liability release and agreement must be signed and returned with your clinic entry. No cross outs or additions are permitted.

In consideration for permission to enter and participate in the 23rd Annual Competitive Trail Riding Clinic, I do hereby for myself, my heirs and assigns, release and hold harmless clinic management, clinic personnel, NYS-DEC, NYSHC, ECTRA, and their agents, officers, servants, employees and officials, from all claims, demands, actions and causes of action of any kind, for injury or death sustained by me or my horse, and damage to my property, incurred during this clinic arising from negligence or any other fault. "Clinic" includes from the time I (and my horse) arrive at base camp until the time that we leave the premises, as well as the actual event. "Horse" means the animal I am riding or have entered.

I understand that horseback riding is an inherently dangerous activity and am aware that 1.the clinic ride involves being in areas for periods of time not close to communications, transportation, medical and veterinary assistance; 2.that these areas have natural and man-made hazards, which clinic management cannot anticipate, modify or eliminate; 3.that both my own horse and those of other participants can be excitable, difficult to control and unpredictable, and can panic, bite, rear, kick, strike, stumble or fall; 4. that as a result of participating in the clinic I or my horse may be injured, die, or my property damaged.

In the event that Rider/participant initiates a lawsuit against clinic management, clinic personnel, NYS-DEC, NYSHC, ECTRA, and their agents, officers, servants, employees and officials as a result of his/her participation in the clinic, and said Rider/participant fails to establish liability or fault of the above named entities, the undersigned agrees to pay all litigation costs and legal expenses incurred by the above named entities in defending said lawsuit. It is further agreed that the above named entities may assign their right to recover legal fees and expenses to their insurance carrier.

I agree to take full responsibility for myself and my horse. I represent that I and my horse are in adequate physical and mental condition to participate. I recognize that my participation in the clinic is voluntary. I agree to wear certified (ASTM F1163/SEI) protective headgear at all times when mounted throughout the clinic. In addition, my participating equine will have a current **2010** negative Coggins test, and will be properly vaccinated against rabies.

I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE AND AGREEMENT, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Rider's Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____
(if participant is under 18 years old)

Horse Owner's Signature _____ Date _____
(if different from Rider)

Horse Owner's Address _____

Horse Owner's Phone Number _____

IN OUR EFFORT TO BE MORE HELPFUL TO YOU AND YOUR HORSE, WE ASK YOU TO ANSWER THE FOLLOWING QUESTIONS:

- 1.) Have you completed a competitive trail ride? Yes ___ No ___
If yes, name the ride _____ What year? _____
- 2.) How many years has this horse been ridden by you? _____
- 3.) Is this horse regularly ridden off your property or away from home? Yes ___ No ___
- 4.) What is your age bracket? 10 to 17 ____, 18 to 25 ____, 26 to 33 ____ Over ____
- 5.) How many years have you been riding? _____
- 6.) Does your horse prefer to lead or follow? _____ Go anywhere? _____ Go nowhere? _____
- 7.) Does this horse trot? _____, pace? _____, gait? _____ (check where applicable).
- 8.) Has this horse been shown? _____, Trail ridden in company? _____, Raced? _____
Gamed? _____, Driven? _____ (check where applicable).
- 9.) Does your horse suffer separation anxiety? _____ If yes, will this other horse be attending the clinic? _____
- 10.) Does this horse have any vices under saddle, such as rearing? _____, striking? _____, kicking? _____ biting? _____ running away _____, bucking? _____, OTHER? _____
- 11.) Would you rate yourself as a beginning rider? _____, an advanced rider? _____, an “ in-between ” rider? _____, professional rider? _____
- 12.) If you have a particular person you would like to ride or be grouped with at the clinic, name that person.

- 13.) Please make us aware of health or special needs that will affect your participation in any capacity.

- 14.) Is there a topic of special interest you would like to have included at the clinic? _____
- 15.) Is this your first year to attend the clinic? Yes _____ No _____
If not, how many years have you attended? _____
- 16.) Please indicate your food choice for Saturday’s dinner. (If you omit to check one the chicken will be ordered for you). You must provide any other special dietary needs.
Barbecue chicken dinner _____ OR
Fish dinner _____