



**Green Country Chapter Adult Camp with Janice Dulak  
March 9-11, 2018**

Janice Dulak, a former professional dancer and now a nationally renowned Dressage Pilates Instructor, will begin the camp with an informative power point on the Dressage Seat which was presented at the 2016 USDF Convention. The lecture focuses on the muscle imbalances that lead to a problematic seat and interfere with correct biomechanics. Mornings will include Pilates for Dressage Riders in which auditors are encouraged to participate. The camp will continue with mounted lessons on position and correct biomechanics mainly at the walk and trot. This camp is suitable for riders of all levels and both Amateur and Open riders.

Spaces for the camp will be filled on a first come, first serve basis according to postmark. Registration is not considered complete until registration form is submitted along with fees paid in full. Postdated checks will not be accepted. Please make checks payable to GCC of ODS. Please mail registration to Roberta Clark, 16 E. 26<sup>th</sup> Pl., Tulsa OK 74114. For additional information or questions please contact Roberta at 55rclark@gmail.com.

**Participant Registration Closing Date:** Postmarked by **MARCH 2, 2018**

**Location:** Joyful Noise Farm, 3166 S. 432 Rd., Pryor OK 74361

**Camp Schedule:**

Friday: 3:00 pm move-in, 6:00 pm meet and greet, casual dinner, and presentation.  
Saturday & Sunday: 9:00 am Pilates exercises (auditor participation encouraged), 11:00 am lunch, 12:00 pm begin participant lessons.

**Fees: Participant--\$350** includes: 2 lessons, Friday-Sunday stall, shavings, and lunches.

**Auditor** (GCC/ODS member)--\$30/day, \$45/weekend, includes lunch.

**Auditor** (non-member)--\$40/day, \$65/weekend, includes lunch.

**Registration:**

Participant \$350

Rider Name: \_\_\_\_\_ GCC Member:  Yes  No

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_

Owner's Name: \_\_\_\_\_ Date of Negative Coggins: \_\_\_\_\_  
(Proof of negative Coggins required.)

Auditor

Name: \_\_\_\_\_ GCC/ODS Member:  Yes  No

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day: Saturday/Sunday (circle one) \$ \_\_\_\_\_  Weekend \$ \_\_\_\_\_

Donation to GCC of ODS \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_**

**Registered Participant & Auditor communication will be through email.**

**Waiver of liability:** I understand that the sport of Horse Riding 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 property of equines to behave in ways which may result in injury, harm or even death to humans and 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 the 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 participants or others, including falling 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, GCC of ODS, its event organizer, management, staff, instructors, participants, and auditors or anyone associated with the facility, liable for any injuries to me or my horse.

Participant/Auditor Signature: \_\_\_\_\_

Date: \_\_\_\_\_