

## WDCTA Southwest Chapter Clinic and Other Similar Events Policy

*Before a clinic or an event will be considered as sponsored by the WDCTA Southwest Chapter, the event must be approved by chapter officers. Organizers should start the process for approval by providing the chapter president a proposal, which includes pro forma of estimated income and expenses.*

### **ORGANIZER GUIDELINES**

#### ***Pre-Clinic:***

- Clinician: Book clinician once proposal approved – have clinician provide his/her standard contract or send a WDCTA Letter of Intent (Exhibit 3).
- Facility: Reserve and have facility provide standard contract or send WDCTA Letter of Intent. (Exhibit 3)
- Insurance: Fill out form (on WDCTA website), send to state treasurer (copy SW president, SW treasurer). Complete form and send three weeks in advance of the clinic.

#### ***Working with Clinician:***

- Travel: Clinicians should purchase their own airline ticket; WDCTA will reimburse. For large symposiums with well-known national or international clinicians, the guest clinician may want WDCTA to purchase the ticket on his/her behalf. If this is the case, be sure to obtain the clinician's approval of the itinerary before booking. NOTE: Caution must be used when working with an international clinician and reimbursing the cost of an international flight. There is potential for the clinician to cancel, and with the airline ticket in his/her name, it is difficult for WDCTA to obtain a refund. [Lufthansa suggested booking clinician as "guest of WDCTA." Look into this further, if situation applies.]
- W-9 Form: Clinician must fill out a W-9 form prior to being paid his/her fees. Get form from SW treasurer or state treasurer (Exhibit 4). This form needs to be updated on an annual basis.
- Liability Waiver: Share WDCTA's liability waiver (Exhibit 5); determine if clinician will want to use his/her own waiver in addition to the WDCTA waiver.
- Accommodations: Reserve a hotel room or make arrangements for stay in a private home. Check with clinician on personal preferences, special needs. [For example, some clinicians may have allergies, so prefer to stay in hotels. Others prefer hotels with room service.]
- Other Clinician Preferences: It's always good to check for any other preferences such as food, sound system, headset or clip-on microphone, number of breaks.
- Ground Transportation: Reserve a rental car or car service. Plan for getting clinician to and from airport; then to and from clinic facility. USDF recommends using car service or having clinician rent car (club

reimburses), due to personal liability placed upon the club volunteer who provides transportation. There is no coverage available for nonprofits to cover volunteers performing club business with their own vehicles. Liability in the case of an accident is totally on the volunteer's insurance policy. Think this through for the clinic you are planning.

### ***Working with Facility:***

- **Liability Waiver:** Does facility have its own waiver or does WDCTA need to add the facility's name to the WDCTA waiver?
- **Trailer-In Fee:** Will there be a trailer-in fee? What does it cover? Who collects the fee?
- **Special Horse Health Requirements:** Does the facility require a health certificate? Does the facility collect a Coggins for each clinic horse or does WDCTA? Will the horse owners be required to take temperature of horse the day before and morning of travel to the facility? If horses are coming from out-of-state, remind the riders of the need to obtain an equine health certificate to cross state line(s).
- **Facility Arrival:** Where or with whom do riders check in? Does the facility handle this or does WDCTA?
- **Sound System:** Does the facility have a sound system? Determine the quality needed for your situation. For large symposiums, a sound system with a full range of sound (woofers/tweeters) and appropriate number of speakers will be needed. Test the sound system before the event, but understand that until the facility is full of people, you won't get a true sense of how it will perform. (Echo can be a problem.)

### ***Organizing the Clinic:***

- **Marketing:** Recommended timing for event promotion: A minimum of 6 months in advance for large symposium-style events and 6 – 8 weeks for smaller clinics. Post clinic information on WDCTA calendar of events in the WDCTA newsletter, website and Facebook page; consider posting on other equestrian websites including USDF Region 2, other USDF GMOs, Wisconsin Horseman's News, Midwest Horse Source and the hosting farm's calendar.
- **Application:** Design application form and make sure it includes reference to WDCTA's payment and refund policies (Exhibit 6). Determine if a video is required with the application. What is the opening date/closing date for applications? How will riders/horses be chosen? How will selected riders be notified?
- **Accept applications.**
- **Choosing Riders:**
  - Riders will be selected on a first-come basis with preference given to Southwest chapter members, followed by riders from other WDCTA chapters. Alternates who have volunteered for WDCTA will have the first chance at open slots via a drawing.

- If there are more applications than available ride times, each participant is allowed one ride per clinic day. (Does not need to be with the same horse).
- If clinic participants are, for any reason, unable to ride after being accepted into the clinic, they should not find their own substitute, but must instead contact the clinic organizer, who maintains a waiting list and can contact the membership if openings arise.
- If there is no waiting list for the clinic, the clinic organizer will make every reasonable effort to fill the ride spot(s). In the event that a replacement rider is not found, the participant will be responsible for the fees for the number of riding spots to which they committed.
- For larger symposiums, organizers should consider having an impartial party select the riders. The clinician may want to do this as part of his/her fee or at a nominal additional cost. If not, consider hiring someone to handle this task, who is qualified to either judge or teach the level of horses/riders being selected (e.g., licensed judge or certified instructor).
- Notify riders (and alternates) of ride times and clinic schedule (dinners, lectures, other activities); provide clinic liability waiver(s), remind participants of WDCTA helmet policy.
- Schedule ride times; post on WDCTA website and FB page at least one week in advance of clinic.
- Solicit volunteer support as needed.
- Solicit donations for snacks and beverages. SW Chapter only provides coffee for clinic events.
- If the clinic has not been filled by three weeks before the date of the first day of the clinic, the clinic organizer may accept riders who are not members of any WDCTA chapter for the non-WDCTA member fee.

### ***Clinic Administration:***

#### **Making Purchases/Payments:**

- WDCTA is a 501(c)3 non-profit organization and is WI sales tax exempt. Use sales tax exempt form whenever purchasing goods, to avoid extra sales tax fees. You can obtain a copy of this form from the chapter president or the state treasurer.
- Use SW chapter debit card whenever possible to charge clinic costs, such as hotel and car rental. Get debit card from treasurer.
- Check Requests: Determine what services will need to be paid by check and request checks from chapter treasurer at least one week prior to start of clinic. (Remember, treasurers take vacations and have personal lives, so don't wait until the last minute!) Do not pay the clinician with a personal check. Provide treasurer with the dollar amount and whom check is payable to.
- Get receipts for ALL purchases. All reimbursement and payment requests need to have receipts or invoices with details and be itemized individually.

#### Deposit Guidelines:

- Endorse each check “WDCTA—for deposit only.”
- Incoming checks should be itemized. (Check number, name of check signer and amount.)
- Donations should be itemized. (Description of item and determined or estimated value.)
- Deposit in SW checking account at UWCU. Deposit slips are available from SW Treasurer or from UWCU. Get account information from SW Treasurer.
- Payment for clinics/programs: It is at discretion of clinic/program organizer whether to cash checks prior to or after clinic/program is held. If a check is returned for insufficient funds, then the person whose check was returned must pay cash (cashier’s check is acceptable) for both the clinic in question AND must pay all bank charges on the returned check.
- Deposit checks no later than three business days after conclusion of clinic.

#### ***Clinic Wrap Up:***

- Provide a summary/profit and loss statement to the chapter president, chapter treasurer and state treasurer within two weeks after completion of the clinic. (Exhibit 7)
- The clinic organizer should keep all clinic-related paperwork (applications, horse health documents, waivers and other agreements) for the duration of the calendar year. After the calendar year, these documents should be destroyed, except for the Coggins test which should be filed in the southwest chapter president box for a period of five years from the clinic date.

## **RIDER RESPONSIBILITIES**

#### Application Process:

- An “Opening Day” system is used. Opening Day for clinic applications will be stated on the clinic application with reminders posted on the WDCTA website and newsletter calendar of events. In order to have the best odds for riding in a WDCTA clinic, it is recommended that riders postmark their applications on the Opening Day. There will be exceptions to the “Opening Day” process for some large clinic events or symposiums in which organizers are looking for horses/riders from various levels or divisions of the sport.
- To make application process fair, clinic applications are ONLY accepted via mail (postmark date), with application and payment included.
- Applications postmarked *prior* to Opening Day will not be accepted.
- Riders will be selected on a first-come basis with preference given to Southwest chapter members, followed by riders from other WDCTA chapters. Alternates who have volunteered for WDCTA will have the first chance at open slots via a drawing.

- If there are more applications than available ride times, each participant is allowed one ride per clinic day. (Does not need to be with the same horse).
- If clinic participants are, for any reason, unable to ride after being accepted into the clinic, they should not find their own substitute, but must instead contact the clinic organizer, who maintains a waiting list and can contact the membership if openings arise.
- If there is no waiting list for the clinic, the clinic organizer will make every reasonable effort to fill the ride spot(s). In the event that a replacement rider is not found, the participant will be responsible for the fees for the number of riding spots to which they committed.

**Addendum:**

- Exhibit 1 Example Proposal
- Exhibit 2 Example Pro Forma
- Exhibit 3 WDCTA Letter of Intent
- Exhibit 4 W-9
- Exhibit 5 WDCTA Liability Waiver
- Exhibit 6 Example Rider Application
- Exhibit 7 Example Profit and Loss Report

Exhibit 1: Clinic/Event Proposal Format

**Name of clinic or event:**

**Purpose:**

**Benefit to current membership:**

**Incentive for future membership:**

**Proposed format:**

**Proposed Clinician(s):**

**Proposed location(s):**

**Estimated expenses (total):**

Clinician/Instructor fees:

Facility rental:

Insurance rates:

Food:

Hotel:

Other:

**Proposed fee per rider:**

**Proposed marketing/advertisement:**

**Best case scenario \$\$:**

**Worst case scenario \$\$:**

Exhibit 2: Example Pro Forma

<b>Clinic or Event Name</b>		revised 12/30/10			
Clinic Dates:					
<b><u>Income: Clinic</u></b>	<b><u>Clinic</u></b>	<b>100</b>	<b>150</b>	<b>200</b>	<b>250</b>
A:auditor @ 30/day	\$50/day	5000	7500	10000	12500
B:auditor @ 35/day	\$60/day	6000	9000	12000	15000
C:auditor @ 40/day	\$70/day	7000	10500	14000	17500
D:auditor @ 45/day	\$75/day	7500	11250	15000	18750
		<b>25</b>	<b>30</b>		
E:riders @ \$100		2500	3000		
F:riders @ \$150		3750	4500		
G: riders @ \$200		5000	6000		
<b><i>Income</i></b>					
Riders		3750			
Auditors (based on 200)		12000			
Vendor Sponsorships		2500			
Other Sponsorships		5000			
Clinic Income Total		23250			
<b><u>Expenses:</u></b>					
	<b><u>Clinic</u></b>				
clinician 1 - fee		5000			
clinician 2- fee		1700			
Hotel/food - both		1000			
travel - both		1200			
Porta-potties		350			
Bleachers		1600			
registration supplies		200			
sponsorship expense		300			
Program (printing)		300			
Advertising		4000			
Misc		100			
Thank you's		100			
Meals \$15 x 200 x 2 days		6000			
Insurance		300			
Volunteer Expenses		1000			
Clinic Expense Total		23150			

## Exhibit 3: Letter of Intent for Facility Example

WDCTA  
Southwest Chapter

Mary Smith – Symposium Chair  
1234 Smith Rd  
Some Place Special, WI 55555  
e-mail:

February 5, 2014

Facility Manager/Owner Name and contact info  
Facility Address

Dear facility manager,

This letter is to confirm the use of your facility for the WDCTA Southwest Chapter event on <dates>.

Here is our understanding of the services <facility name> will provide for the symposium:

- Exclusive use of Arena I (72x200') indoor Coverall arena on <dates>; access for symposium horses/riders on Friday, <date> after 12 noon with regulation dressage arena and letters installed.
- Stabling for 25 – 35 horses after 12 noon on Friday, <date> through 7 pm Sunday, <date>. Cost will be \$45 per night per stall which includes first night's bedding. <Facility name> staff will provide stall cleaning, feeding service (owner provides feed/instructions), watering, overnight "nanny" service.
- Designated warm-up area for symposium riders on <dates>.
- Trailer parking for 25-35 trailers.
- Parking for 100 – 150 auditor vehicles; <facility name> staff will direct parking.
- Arena watering, dragging (as needed); heating of arena (if weather dictates)
- Use of arena sound system, two microphones.
- Use of registration table and chairs; use of heater (if weather dictates) for registration area in breezeway.
- Use of large lounge for serving lunch; vendor tables.
- Use of small lounge for clinician "get-away".

WDCTA-SW will provide:

- List of horses, riders and copy of 2011 coggins no later than <date>.
- Arrival/departure schedule of symposium horses no later than <date>.
- Bleachers rented, delivered, set-up/taken down from local vendor.
- Appropriate number of porta potties based on number of attendees, rented, delivered, pumped Saturday night, picked up Monday morning.
- Liability insurance (\$1 million) for event with <facility name> listed as "other insured". Certificate of insurance provided to facility manager/owner no later than <date>.

Please acknowledge receipt and confirm agreement by signing and return one copy to me in the enclosed addressed envelope. If I forgot something or misunderstood anything we discussed, please let me know.

We look forward to working with you and your team!  
Sincerely,

Mary Smith  
WDCTA-SW – Symposium Chair

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Facility manager/owner, Facility name

Date



Exhibit 4: W-9 Form – see [www.wdcta.org](http://www.wdcta.org) under “forms”

## Exhibit 5: WDCTA Rider Liability Waiver (as of October 2013)

### Wisconsin Dressage & Combined Training Association Waiver, Release and Hold Harmless Agreement

Please read the following statements and indicate your understanding and agreement to them by signing below:

I, the undersigned, understand and believe that the use, handling and riding of horses involves a risk of physical injury to any individual undertaking such activities. I further know that any horse, irrespective of its training, usual past behavior and characteristics, may act or react unpredictably at any time. With full awareness of the foregoing, I am knowingly participating in a clinic taught by <clinician> and sponsored by the Wisconsin Dressage and Combined Training Association (WDCTA) and I voluntarily engage in this activity. The possibility of injury is accepted as a risk inherent in work on and around horses.

I, the undersigned, understand that horseback riding is a rigorous activity, both physically and mentally demanding. I hereby represent that my horse and I have the requisite level of physical fitness and mental alertness to enable us to participate in the clinic for which this waiver is being obtained. Both my horse and I are in good health and free from injury, illness or other defects, which may impair our ability to engage in this activity.

I, the undersigned, also understand that riding instruction by its nature requires that the instructor issue direction in the form of "commands", and I understand that, while due deference must be given to such commands; I must and will use my own judgment whenever the situation demands it. I understand that all activities engaged in as part of the instruction are entirely voluntary and that I may elect not to comply with any suggested act. The Instructor is entitled to my attentiveness and good faith efforts to respond to his/her directives, but he/she neither is entitled to nor requests absolute obedience and it is expected that I will at all times be alert and thinking while on horseback.

**I, the undersigned, understand that approved riding helmets are required when mounted for all riders.**

I, the undersigned, expressly and voluntarily assume all risks attendant to horseback riding and related activities, including but not limited to those discussed in the foregoing paragraphs. I do hereby fully and forever release, discharge, and hold harmless <clinician>, WDCTA, its officers and members, <facility name and names of owners/managers>, as well as all other participants of the clinic, and the assigns of same, from any and all claims which I, the undersigned, or my assigns, may assert as a result of physical injury to a horse or rider, or loss of property, that incurred while a participant using, handling, or riding a horse while a participant in the WDCTA-SW Clinic with <clinician>- <dates>. My signature on this form constitutes expression of my understanding and agreement to all that is stated above and my total and unconditional release of <clinician>, WDCTA, its officers and members, <facility name and names of owners/managers> and other clinic participants.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

Dated: \_\_\_\_\_ Signature of participant: \_\_\_\_\_

I, the undersigned, am one of the parents of the above-named minor participant (and/or the duly appointed legal guardian of such minor), and I have full authority to sign this waiver for and on behalf of the minor. My signature on this form constitutes expression of my understanding and consent to the total and unconditional waiver set out above.

Dated: \_\_\_\_\_  
Signature of parent or legal guardian on behalf of minor participant

PLEASE PRINT:

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Phone \_\_\_\_\_

## Exhibit 6: Example Rider and Auditor Application

### WDCTA-SW Chapter 2012 Dressage Clinics with <Clinician>

at <provide facility name and address information>

**October 20-21** opening date September 7

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#### **Separate application required for each clinic!**

<Provide a brief biography of the clinician.>

All rider applications must be postmarked on or after the "opening date" (see above). Riders will be selected on a first come basis with preference given to WDCTA-SW chapter members, followed by WDCTA members from other chapters. Refunds will be considered at organizer's discretion with receipt of veterinarian and/or doctor's certificate. Alternates will have first chance at open slots. Tentative Schedule: , Saturday 8:00 AM – 4:30 PM, Sunday 8:00 AM– 4:30PM.

Rider Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Schooling Level \_\_\_\_\_ Showing Level \_\_\_\_\_

#### **RIDER FEES: For 2 rides**

WDCTA Member \$270 (\$135/ride)  Non-WDCTA: \$320 (\$160/ride)

Ride time preference?  AM  PM (will try to accommodate) \_\_\_\_\_

Will you need a stall?  Overnight\*\*  For day\*\*  Just in and out (no fee)

\*\*Organizer will contact you with details regarding leaving your horse.

\*\*\*\***Negative Coggins required with application**\*\*\*\*

#### **AUDITOR FEES:**

WDCTA-SW Chapter members – NO CHARGE!!

WDCTA member 1 day @ \$15 \_\_\_\_\_ 2 days @ \$25 \_\_\_\_\_  
Non-WDCTA member 1day @ \$20 \_\_\_\_\_ 2 days @ \$30 \_\_\_\_\_

Attending:  Saturday  Sunday

Includes coffee/water/soda and snacks. Bring your own lunch and chair!

**Rider / Auditor Fee\$** \_\_\_\_\_

**TOTAL ENCLOSED\$** \_\_\_\_\_

**Make checks payable to:** WDCTA Southwest Chapter

**Mail to organizer with check & current Coggins:**

< Clinic organizer name and address information>

**Questions?**

< Provide clinic organizer phone and email information>

Exhibit 7: Example Year End Profit and Loss Report  
**Clinic or Event 2012** as of 9/10/12

	May	June	July	August	September	2012 Total
	<b>Income</b>	<b>Income</b>	<b>Income</b>	<b>Income</b>	<b>Income</b>	
Rider fees	3,955.00	3,890.00	3,925.00	3,950.00	\$3,915.00	
Auditor fees	20.00	\$30.00	\$20.00	\$40.00	\$40.00	
Overnight stalls	50.00	\$125.00	\$50.00	\$50.00	\$0.00	
Reimbursement						
Total	4,025.00	4,045.00	3,995.00	4,040.00	\$3,955.00	
	<b>Expenses</b>	<b>Expenses</b>	<b>Expenses</b>	<b>Expenses</b>	<b>Expenses</b>	
Clinician-fee	2,550.00	2,550.00	2,550.00	2,550.00	\$2,550.00	
Clinician- air	487.70	\$614.70	469.70	\$614.70	\$422.70	
Clinician-hotel	237.00	\$237.00	237.00	\$237.00	\$237.00	
Clinician-food	109.68	95.14	81.35	\$39.74	\$35.96	
Insurance	110.00	\$126.00	126.00	\$126.00	\$126.00	
Facility fee	300.00	\$300.00	300.00	\$300.00	\$300.00	
Stall rental	85.00	\$100.00	70.00	\$35.00	\$50.00	
Refreshments	100.03	\$77.62	96.42	\$56.07	\$48.47	
StarBuck's	40.00	\$0.00	0.00	\$0.00	\$0.00	
Batteries						
Refund						
Ad						
Misc						
Total	4,019.41	4,100.46	3,930.47	3,958.51	\$3,770.13	
Gain/loss	5.59	<b>-\$55.46</b>	64.53	\$81.49	\$184.87	<b>\$281.02 profit</b>