

WDCTA KM CHAPTER MUSICAL FREESTYLE CLINIC
ROSEBURY FARM, LLC
MUKWONAGO, WI
APRIL 28-29, 2018
With Yvonne Barteau

Yvonne Barteau of KYB Dressage has been the clinician at KM Chapter's Annual Musical Freestyle clinic for the past four years. She selects music per the rider's music preferences and choreographs the freestyle. The successful result of these clinics is demonstrated by the numerous riders having qualified their freestyles all the way to the USDF Nationals in KY.

Yvonne has achieved her USDF Bronze, Silver and Gold medals and is also an FEI trainer and instructor. She has trained the most winning dressage horse, GP Raymeister, and the most winning young rider, Kassie Barteau, in USDF history. In addition, horses ridden, trained and shown by KYB Dressage made Grand Prix Equestrian's owner Ginna Frantz the number one owner in the dressage category for USEF five years in a row.



She is an award winning author of two books; [Ride the Right Horse](#) and [The Dressage Horse Manifesto](#). Her most recent book award for [The Dressage Horse Manifesto](#) won best educational equine book at the Equus International film festival in their literary category. She is also an award winning film maker. Her film is about making an equine theater horse while shining the spotlight on rescue horses, won the Equus International Film Festival best feature length documentary "Into the Spotlight".

Clinic:

Clinic riders may choose from development of a Freestyle, revise a Freestyle ride to a higher level, music tempo check or a regular clinic ride. Auditors are welcome to come join in the fun and education of the clinic

Cost:

New Freestyle: \$530 WDCTA Member, \$575 Non-Member (Includes music selection, two rides and lunch)
Rider preparation requires providing a video of the horse and rider with 30 sec of walk and 60 seconds each of trot and canter. Rider must also complete Music preference form. A Pas de Deux is the same cost.

Change Music Temp or Revise Freestyle to higher level: \$430 WDCTA member, \$475 Non-Member.
Lunch and two rides included. This option is available for riders with whom Yvonne developed the freestyle.

Regular Clinic Ride: \$175 WDCTA Member each ride: \$200 Non-Member each ride. Riders wishing to ride two days will be given preference over single rides for filling clinic.

Make Checks payable to: WDCTA KM Chapter

Mail registrations and direct questions to: Melinda DeLuca, WDCTA Clinic,

S14 W32743 Forest Hills Drive, Delafield, WI, 53018, Cell phone 262-313-8487, E-mail jjdmcd@gmail.com



Kettle Moraine Chapter of WDCTA
Musical Freestyle Clinic
Rosebury Farm LLC
Mukwonago, WI
April 28-29, 2018



Name of Rider or Auditor: _____

Street Address: _____ Phone #: _____

City: _____ Zip: _____

Email: _____ WDCTA Member: Yes ____; No ____

Name of Horse: _____ Age: ____ Breed: _____ Level: _____

If minor name of parent or guardian (please print): _____ Phone: _____

Guardian Signature: _____

Attach Member Application found on WDCTA website with a *separate check* made payable to WDCTA or join with Paypal if you would like to ride and attend as a member.

Ride: Sat _____ Sun _____ Both _____

Fee Schedule		Cost (WDCTA Member)	Cost (Non-member)	Cost
Auditor	Audit Sat ____ Sun ____ or Both ____	\$25/day	\$30/day	
Clinic Ride	WDCTA member -each ride \$175, non-WDCTA member each \$200, lunch included			
New Freestyle	New music, two rides, must include Music Preference sheet with registration.	\$530	\$575	
Change Tempo or Revise freestyle	Two rides	\$430	\$475	
Stalls \$25/day No trailering in without a stall. Friday arrival to Sun is \$75.				
Total Enclosed Amount - Lunch included for riders and auditors				

Freestyle Riders

US mail Postmark Closing Date: March 26th or Hand delivered Closing Date: March 29th

Freestyle Riders will be notified by email of selection results by: March 30th

Videos Due: of riders and horses of walk, trot and canter submitted or posted to UTube by April 3rd **if developing a new freestyle**. Failure to provide the video by due date another rider may be selected at the discretion of the organizer.

Videos are not required for Changes to Freestyle but bring your music.

Clinic Riders

US mail Postmark Closing Date: April 2nd or Hand delivered Closing Date: April 5th

Clinic Riders will be notified by email of selection results by: April 9th.

Make Checks payable to: WDCTA KM Chapter

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WDCTA MUSICAL FREESTYLE CLINIC

Additional Requirements and/ or Issues:

1. WDCTA and Farm waivers will be signed upon arrival if not before.
2. All riders must wear an AST/SEI approved helmet at all times while mounted.
3. Coggins within one year will be checked upon arrival. Proof of previous 6 month flu and rhino.
4. Horses may arrive after 3 pm on Friday. Horses being ridden in clinic Friday may arrive in the morning.
5. Bring your own camera and we will help find a volunteer/rider to help you out.
6. **No Refund** after rider selection unless a substitute rider is found prior to the deadline for submittal of videos and music preference to clinician for music selection for Freestyle rides. No refund after rider selection for Freestyle changes or regular clinic rides unless organizer is able to find replacement.
7. KM reserves the right to cancel clinic or reschedule the clinic if under subscribed, illness, disease, or any other circumstances beyond organizer's control. All fees will be returned if cancelled or rider not selected. If re-scheduled rider has option of refund.
8. Groom is required to register as auditor.

No Refunds for Freestyle rides due to pre-work costs and customized nature of the clinic. If your horse becomes ill or lame plan to ride a substitute horse. The musical freestyle may be developed using music for your horse as provided in the video without that horse being ridden. The rider may still learn the freestyle even when riding a different horse. In fact this approach is used by Yvonne when she wants to put less strain on a competition horse while the rider learns the freestyle.

Selection Process (only used if clinic oversubscribed):

The selection process will only apply if the clinic is oversubscribed. Rosebury Farm can accommodate stabling for five outside horses for the clinic. In order to accommodate the limited stabling two sets of selections will be used. The selection process will be the same for both clinic boarders up to 5 riders and for the additional five riders who may or may not be boarders of Rosebury Farm.

In general the selection process will be as follows:

1. Completed registration, Musical Preference form and payment after opening and before closing date.
2. Freestyle ride (whether new or revised)
3. Two regular clinic rides
4. WDCTA Member
5. Non-Member
6. One regular clinic ride
7. KM volunteer participation as determined by organizer.
8. If a tie for all of the above criteria is achieved by multiple riders then a random drawing will be u



Kettle Moraine Chapter of WDCTA
Musical Freestyle Clinic
Rider Musical Preference



Registration for:

1. New Freestyle _____

Complete the Musical Preference registration form for New Freestyle only.

Name of Rider: _____

Name of Horse: _____ Breed _____ Age _____

Musical Freestyle Level: _____

Music Preference: _____ Classical _____ Rock _____ New Age _____ Jazz

Other: _____ Preferred Musical Instruments (If any) _____

Do you have a specific piece of music you would like to ride your entrance to?

Strong Points or Movements you would like to emphasize? Please explain.

What gait would you like to enter at? _____

Movements or gaits you would like to minimize? Please explain.

The more comments and information you can provide with the video will help the clinician in the music selection and her preparation for freestyle development.

WISCONSIN DRESSAGE & COMBINED TRAINING ASSOCIATION
WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT
WDCTA Musical Freestyle Clinic April 28-29

In consideration for my participation in the **WDCTA KM Chapter Musical Freestyle Clinic, April 28-29, 2018** (hereafter, "the Activity"), I (the "Participant") hereby acknowledge and voluntarily agree to the following (hereafter, "Agreement"). "Participation" includes, but is not limited to, riding, handling, instructing, or spectating.

1. Acknowledgment of Inherent Risks of Equine Activities. I acknowledge and understand that there are numerous inherent risks of participating in equine activities, including, *but not limited to*: (a) the propensity of an equine or other animal, irrespective of its training, to behave in ways that may result in injury, harm, or death to persons on or around them (for example, jump, run, kick, buck, bolt, spin, rear, strike, or bite); (b) the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals; (c) certain hazards such as conditions at or below the surface or ground, whether seen or unseen; (d) collisions with other animals or objects; (e) the potential for another person participating in an equine activity to act in a negligent manner that may contribute to injury to me, or to others, such as failing to maintain control over the equine or not acting within his or her ability; (f) the breakage or failure of tack or other equipment; and (g) the potential that an equine or other animal may cause injury or harm to the rider or to other persons or animals in the vicinity. *I understand these risks and further acknowledge that I am not relying on the Wisconsin Dressage and Combined Training Association (hereafter, "WDCTA") to list in this document all possible inherent risks of participating in equine activities or the Activity.*

2. Acknowledgement that Participation in the Activity is Voluntary and Requires Personal Judgment. I acknowledge and understand that riding instruction by its nature requires that the instructor issue directions in the form of "commands." I understand that while I should consider such commands, I must and will use my own judgment during my participation in the Activity. I understand that while participating in the Activity that: the commands and all activities engaged in as part of the instruction are entirely voluntary; that the instructor is not entitled to nor requests absolute obedience; that I may elect not to comply with any command or suggested act; and that I am expected to at all times be alert and thinking while participating in the Activity. I represent that both my equine and I have the requisite level of physical fitness and mental alertness to enable us to participate in the Activity, and are in good health and free from injury, illness or other defects which may impair our ability to engage in the Activity.

3. Waiver and Release of Liability. I understand and voluntarily accept the inherent risks of engaging in equine activities, including risks from my voluntary compliance or noncompliance with instructor commands associated with the Activity. I voluntarily agree to hold harmless, release, waive, and covenant not to sue **Yvonne Barteau of KYB Dressage and Associates, WDCTA, its officers, members, non-members that pay an auditing fee, Rosebury Farm LLC**, as well as all other participants in the Activity ("Released Parties") from any and all injuries, death, liability, or damage to person or property arising from my participation in the Activity, unless caused by Released Parties' reckless, intentional or willful misconduct. Thus, I understand that this waiver and release is effective even if the injury, death, liability, or damage to person or property is caused or contributed to by the *negligent* action or inaction of Released Parties.

4. Equine Activity Liability Law. I acknowledge that I have read the State of Wisconsin's notice 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.

5. Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of Wisconsin. Any controversy, dispute, or claim arising out of or related to this Agreement, shall be resolved exclusively through proceedings filed in the federal or state court in **Waukesha, WI**. The invalidity or unenforceability of any provision or sentence of this Agreement shall not affect the validity or enforceability of any other provision or sentence of this Agreement, which shall remain in full force and effect.

I have read this waiver, release, and hold harmless agreement, fully understand its terms, understand that I am assuming risks inherent to my participation, and agree to be fully bound by its terms. I understand that I am free to consult with any counsel about the terms of this agreement.

Signature of Participant _____ Date _____
(or parent or legal guardian of behalf of Participant, if Participant is under 18 years of age)

Name of Participant (please print) _____

Address _____

City/State/ZIP _____ Phone _____