Kansas Dressage and Eventing Association
Education Committee Presents
Alejandra Gonzalez Biomechanics Clinic
Friday, Saturday and Sunday, Septemer 27-29, 2024 at Capall Stables
3400 S 143rd Street East, Wichita, KS 67232

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____Email: _____

Emergency Contact Name and Number: _____

Auditing (check applicable boxes)
/ / Friday Evening Lecture – unmounted – all welcome = no charge
/ / Saturday/Sunday auditing – no charge (lunch on your own)

Mounted Sessions: Check applicable box (will try to accommodate AM/PM requests)
/ / Saturday Private / / Sunday Private
/ / Saturday Semi Private / / Sunday Semi Private

Private lessons ae $150 each, or $100 for semi private (2 people of similar level)

Clinic sessions are 45 minutes long. You may come into the indoor to warm up prior to your ride time, but please give way to the rider and lesson ahead of you. It is suggested that you attend the Friday evening lecture and then come audit at least a few rides before your session to familiarize yourself with some of the terminology and biomechanic principles she emphasizes. **Auditors no charge, but please be respectful and remain quiet during rides. Alejandra will allow questions from auditors after the ride.**

- Horses must have Coggins within 1 year, and have vaccination history including Flu/Rhine within last 6 months. Enclose with entry or email.

Checks payable to KDEA, or pay on PayPal at kdeamain@gmail.com
Date of Paypal Transaction: _____
Horse/Rider Level: _____ Western or English? _____

Waiver of Liability: I hereby agree that Kansas Dressage and Eventing Association, l Stables, their officers, owners, agents and employees and clinician Alejandra Gonzalez shall not be responsible or liable to me for any injury, loss or damage resulting from my participation in the Alejandra Gonzalezs clinic on September 27=28-29, 2024. I hereby expressly release and waive any claims I may have against Kansas Dressage and Eventing Association, Capall Stables, and their officers, owners, agents and employees clinic organizer and clinician, and I agree to indemnify said parties against any and all claims for injury, loss or damage I may suffer.

Signature: _____

Please return entry form and payment to Marie Maloney to secure your spot
1871 N Peckham Ct, Wichita, KS 67230 email marie.maloney@hotmail.com fax 316-733-5619