



**EMERGING DRIVER PROGRAM CLINIC
HOST APPLICATION**

HOST INFORMATION

Facility: _____ Owner: _____
Address: _____ Facility contact: _____
Host/Club: _____ Host/Club contact: _____
Phone: _____ Email: _____
Insurance company: _____

See insurance requirements below.

EVENT

Proposed Dates: _____ Instructor(s): _____
USEF #: _____

Instructors are required to have a current USEF Senior membership, Safe Sport Training, & background check

Describe the Clinic Curriculum:

Are Horses/Ponies being provided? Yes No

If yes, please describe: _____

PARTICIPANTS

Estimated number of participants: _____ If limited, maximum number: _____

To include:

- Beginner drivers: _____
- Preliminary drivers: _____
- Other: _____

Additional comments: _____

FACILITY REQUIREMENTS & DETAILS

Describe training area (size/footing): _____

Is it enclosed? Yes No

Marathon track or obstacles, *if being used*: _____

Describe stabling: _____ # of stalls: _____

Describe meeting space & capacity: _____

Check all available at facility:

- Water access & wash areas for horses
- Local resources for feed/hay/bedding: _____
- Restrooms - Are they handicap accessible? Yes No

FINANCIAL RESPONSIBILITY

The host applicant shall bear all expenses and risk of loss generated by conducting the Event, and is entitled to retain any income generated from participation fees, auditor fees, etc.

Summarize additional sponsorships acquired for this event, if any:

Insurance:

Host applicant shall acquire and maintain, at their own expense, a policy of general liability insurance with limits no less than \$1,000,000 per occurrence, including a \$50,000 limit for equipment and property. The policy must include Host as a named insured and the United States Equestrian Federation, Inc. as an additional insured and proof of said policy must be provided to USEF upon request.

All host applications must be submitted to USEF Sport Operations Manager, Molly Andrews, at mandrews@usef.org.