



Memorandum of Understanding (MOU) for Hosting Clinics

1. Purpose:

This Memorandum of Understanding (MOU) outlines the responsibilities and agreements between the Trinidad and Tobago Equestrian Association (TTEA) and the host stable for clinics conducted by TTEA in the disciplines of Dressage, Jumping, Eventing, and other relevant training.

2. Scope of Clinics:

The TTEA will arrange clinics several times a year, often aligned with preparation for major competitions such as the CEA or FEI Challenges.

All TTEA members are invited to participate in these clinics, and stables where these members are based are encouraged to host the clinics.

3. Host Responsibilities:

Logistics:

- Organize pick-up and drop-off of the clinician for the designated clinic times at the facility. The clinician should arrive at least 15 minutes before the first scheduled lesson.

Facilities:

- The riding area must be well-maintained with proper footing and be adequately sized for the type of clinic being held.
- Provide clean and easily accessible restroom facilities.
- Supply bottled water for the clinician for the duration of the lessons.
- At its own discretion, a host may wish to provide stalls for visiting horses. A host must abide by the TTEA Biosecurity Measures.

Meals:

- Stables may be asked to host the clinician for lunch/dinner.

Equipment and Support:

- **Jumping Clinics:** Sufficient materials (poles, cups, standards, etc.) and a volunteer to assist with moving ground poles/obstacles.
- **Dressage Clinics:** A standard size dressage arena with letters and appropriate fencing.
- **Other Clinics:** Equipment and support needed by the clinician for other types of clinics will be communicated to the host stable via the TTEA.

4. Terms and Conditions:

The stable agrees to fulfill all hosting responsibilities as outlined.

Any changes to the agreed schedule or requirements must be communicated to TTEA promptly.

5. Acknowledgment:

By signing this MOU, the stable agrees to the terms and conditions specified and acknowledges their role and responsibilities in hosting the below clinic.

Clinician :

Clinic Type :

Clinic Dates :

6. Signatures:

TTEA Representative:

Name:

Signature:

Title:

Date:

Clinic Host:

Name:

Signature:

Title:

Date: