

Scarlet Day Farm Dressage Schooling Show Entry Form

(v. 11.2020)

NAME OF SHOW: _____

DATE OF SHOW: _____

RIDER NAME:		HORSE OWNER NAME:	
Street _____		Street _____	
City, State Zip _____		City, State Zip _____	
Phone _____		Phone _____	
Email _____		Email _____	
RIDER USDF# _____	USEF# _____	OWNER USDF# _____	USEF# _____
<i>USDF and USEF Numbers Required for Participation in the USDF Regional Schooling Show Awards Program Only</i>			
Status <input type="checkbox"/> Open	<input type="checkbox"/> AA	<input type="checkbox"/> Jr (DOB): _____	Coach (Name) _____
Affiliation <input type="checkbox"/> SMDA	<input type="checkbox"/> MDS	<input type="checkbox"/> USDF	Groom (Name) _____

HORSE NAME:		<i>(One horse/rider per entry. Send to Show Secretary with Payment & Coggins)</i>	
Breed _____		Height _____	
Sex <input type="checkbox"/> Gelding	<input type="checkbox"/> Mare	<input type="checkbox"/> Stallion	Color _____
Year of Birth _____	Coggins Date _____		Registry/# _____
Stabled at: _____			HORSE USDF# _____
Trailing with: _____			HORSE USEF# _____

CLASS #	CLASS NAME	ENTRY FEE	FULL PAYMENT MUST BE INCLUDED WITH ENTRY	
		\$	<i>SUBTOTAL CLASS FEES</i>	
		\$	\$	
		\$	OFFICE FEE \$5.00	
		\$	TOTAL FEES	
		\$	\$	
	<i>SUBTOTAL CLASS FEES</i>	\$	OFFICE USE ONLY <input type="checkbox"/> Entry <input type="checkbox"/> Payment <input type="checkbox"/> Coggins	
			Date Received: _____ Entry #: _____	

THIS IS A RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING.

Warning – under Maine law, an equine professional has limited liability for an injury or death resulting from the inherent risks of equine activities.

The undersigned rider, owner and signing parent or guardian hereby agrees:

I am fully aware that horse sports and competition involve inherent dangerous risk and I expressly assume any and all risks of injury or loss suffered during or in connection with the competition and I agree to release the dressage club, or other organizations sponsoring this competition, their officers, directors, employees, members of agents, and the owners and managers of the grounds where this event is held, from any loss, damage, liability or injury arising out of resulting from this competition or rider's participation or entry therein, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of the management of the competition, their officers, directors, employees, members or agents, and the owners and managers of the grounds where this event is held. In the event of injury to the rider or rider's animal, permission hereby granted for emergency medical treatment for rider or rider's animal.

I further agree to indemnify, hold harmless and defend the dressage club or other organization sponsoring this competition, the management of the competition, and their officers, directors, employees, members or agents, and the owners and managers of the grounds where this event is held from and against any and all claims for loss, damages, liability, injury, or death, however caused, resulting directly or indirectly from the rider's entry or participation in this competition or from acts or omissions of rider or rider's agents. I further agree to be subject to the rules of the dressage club or other organizations sponsoring this competition.

SIGNATURES ARE MANDATORY:

Entry is not accepted without signatures, full payment, legible proof of Coggins, and other prize list requirements.

Rider Signature	Print Name
Owner Signature	Print Name
Parent Signature (mandatory if rider is under 18)	Print Name