

Farm Life Stables CT Show

Rider: _____ Rider age: _____

Horse: _____

Class Information

Dressage Test of Choice \$30 Combined Test \$50

Dressage Test of Choice: any dressage test you would like to do (including western dressage)

Dressage Test of Choice: _____ (please write in test of choice)

CombinedTest: Green as Grass Maiden Beginner Novice
 Novice Training

Combined Dressage Tests and Jumping Heights:

Green as Grass: USDF 2019 Introductory Test A, Green as Grass: 18"

Maiden: USDF 2019 Introductory Test C, Maiden: 2'3"

Beginner Novice: USEF 2018 Beg Novice Eventing Test A, Beginner Novice: 2'7"

Novice: USEF 2018 Novice Eventing Test A, Novice: 2'11"

Training: USEF 2018 Training Eventing Test A, Training: 3'3"

We will run all dressage tests in the outdoor arena and then will set up for the jumping portion for the CT riders in the same arena. Schedule for times will run so that CT riders are at the end of the dressage tests to help keep riders from being here for an extended time waiting for the ring to change over.

This is a schooling show with a schooling atmosphere.

Send Entries and Payment to:

Jamie Butler

4810 Fire Department rd, Williamston, NC 27892

Email to Jamie@farmlifestables.com – Venmo and Paypal available for payment.

EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

"Equine" means a horse, pony, mule, donkey, or hinny. "Inherent risks of equine activities" means those dangers or conditions that are an integral part of engaging in an equine activity, including any of the following: a. The possibility of an equine behaving in ways that may result in injury, harm, or death to persons on or around them. b. The unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals. "Participant" means any person, whether amateur or professional, who engages in an equine activity, whether or not a fee is paid to participate in the equine activity. By signing this Equine Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement (Release), I represent that I have read this agreement and that I fully understand the agreement. These Equine activities involve the risk of serious bodily injury including but not limited to permanent disability, paralysis and even death. I represent that I am in good health and proper physical condition to participate in these activities. I understand the nature and risk of participating in Equine activities. I understand that this release is intended to include all activities whether on or off the equine. I have read this EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT from Farm Life Stables, Jamie Butler and all of the Butler family and I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law which includes employees, officers and contract employees of Farm Life Stables, Jamie Butler and all of the Butler family and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I further agree to indemnify, defend and hold the Farm Life Stables, Jamie Butler and all of the Butler family , and their officers, directors, employees, and agents, harmless from any liability relating to personal injury or injury to real or personal property of any kind arising out of the ordinary negligence, willful or wanton negligence, or intentional acts of the undersigned. This Release is governed by the law of the State of North Carolina. By signing this agreement, I agree to be exclusive jurisdiction of the courts of the state of North Carolina, and that the only venue for any legal proceedings shall be Martin County, North Carolina.

Printed Name of Participant _____ Date _____

Signature of Participant _____

PARENTAL CONSENT (Only needs to be signed and dated, if the participant is under the age of 18) I, _____ the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I have read and understand the above EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AGREEMENT.

Printed Name of Parent/Legal Guardian _____

Date: _____

Signature of Parent/Legal Guardian Emergency Phone # _____