

Spring Dressage Schooling Show
Dressage Classes (Training thru 2nd level), Prix Caprilli (jumping), & Dressage Equitation
Saturday, March 19, 2022
Judge: Julie Davies Pagels (USDF L Judge)

Hosted by:
The Stables Equestrian Center

Pre-registration required - entries must be postmarked by 3/7/22

\$20 late fee for entries postmarked after 3/7/22 and accepted only at the discretion of show management

NO REFUNDS (unless there is a weather cancellation) – NO DOGS

Arena Size: Indoor arena (20 x 40 meter)

Awards: Ribbons 1st-6th with high score awards

Schedule: Schedule will be posted/e-mailed prior to the show (classes may not run in the order listed below)

1. USDF Intro Level Test A, Junior	11. USEF Training Level, Test 3, Junior
2. USDF Intro Level Test A, Adult	12. USEF Training Level, Test 3, Adult
3. USDF Intro Level Test B, Junior	13. USEF First Level, Test 1
4. USDF Intro Level Test B, Adult	14. USEF First Level, Test 2
5. USDF Intro Level Test C, Junior	15. USEF First Level, Test 3
6. USDF Intro Level Test C, Adult	16. USEF Second Level, Test 1 2 3
7. USEF Training Level, Test 1, Junior	17. Prix Caprilli Test 1 (Intro Level)*
8. USEF Training Level, Test 1, Adult	18. Prix Caprilli Test 2 (Training Level)*
9. USEF Training Level, Test 2, Junior	19. Prix Caprilli Test 3 (1 st Level)*
10. USEF Training Level, Test 2, Adult	20. Dressage Equitation

*Prix Caprilli tests can be found on our website under the "Show" tab

Rider Name: _____ Rider age (as of 1/1/2022) _____

Horse (Only one horse per registration form): _____

Address: _____

Email: _____ Phone #: _____

Fees:

Office Fee \$10 per horse/rider combo \$ 10.00

Class Fees # of classes _____ x \$15 per test/class \$ _____

Day Stall (limited availability) # of stalls _____ x \$20/stall \$ _____

Overnight Stall (limited availability) # of stalls _____ x \$30/stall \$ _____

TOTAL: \$ _____

Please make checks payable to: The Stables, LLC/also accept Venmo (@Eliese-Klennert) & PayPal (thestables@att.net)

Mail registration, copy of current Coggins and vaccination record to: The Stables Equestrian Center
 6489 51st Street, NE, Rochester, MN 55906

Questions - contact Eliese Klennert at (507) 261-7393 or thestables@att.net



WAIVER AND RELEASE OF LIABILITY,

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of The Stables, LLC (DBA The Stables Equestrian Center) allowing me, the undersigned, to participate in any capacity (including as a rider, handler, spectator, lessee, owner, coach, official, trainer or volunteer) in a any event or activity, including but not limited to lessons, camps, equestrian clinics, practices, shows, competitions and related or incidental activities; I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

A. **ACKNOWLEDGMENT OF RISK:** I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any equine event involves risks and dangers including, with-out limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets, appropriate footwear, etc.); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of The Stables, LLC; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

B. **ASSUMPTION OF RISK:** I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any Event.

Under Minnesota law, a livestock activity sponsor is not liable for an injury to or the death of a participant in livestock activities resulting from the inherent risks of livestock activities (Minnesota Statutes 604A.12)

C. **WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY:** In conjunction with my participation in any Event, I hereby release, waive and covenant not to sue, and further agree to indemnify,

defend and hold harmless the following parties: The Stables, LLC (DBA: The Stables Equestrian Center), Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, licensee, and Event managers; the promoters, sponsors, or advertisers of any Event; any charity or other beneficiary which may benefit from the Event; the owners, managers, or lessors of the facilities or premises; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (Individually and Collectively, the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

D. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Print Name: _____ Date of Birth: _____

Address: _____ City: _____ State _____ Zip Code: _____

E-mail: _____ Phone #: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Emergency Contact #(s) _____