



Spokane Sport Horse Farm Schooling Event

(USEA Recognized Educational Event)

A MEMBER OF THE TRIPLE CROWN HORSE TRIAL SERIES



APRIL 21, 2018

For questions please call (509) 993-6786 or email: sshft@gmail.com

PLEASE MAKE CHECK PAYABLE TO: SSHF, LLC **ENTRIES DUE 4/6/18** (OPENS 3/6/18)

MAIL ENTRIES TO: SSHF, 10710 S SHERMAN RD SPOKANE, WA 99224

Refund minus \$25 Office Fee after 4/6/2018 (only with veterinarian or medical statement for scratch)

Rider Information		Pony Club Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		First Name:	
Email:			
Address:			
City:	State:	Zipcode:	
Phone #:	Date of Birth (req. for minors):		
Emergency Contact:	Emergency Phone #:	Emergency Relationship:	

Horse Name (will be made up if left blank)	Sex	Height	Color	Breed

Saturday Horse Trials	Dressage Test	Cost	Fill in Amount if Entering
GREEN AS GRASS With Lead <input type="checkbox"/> Without Lead <input type="checkbox"/> Walk/Trot + SJ Crossrails + Simple Log for XC Course	USDF Intro Test A (intended for very beginners)	85.00	
GREEN AS GRASS UP TO 18"	USDF Intro Test C	85.00	
STARTER UP TO 2'3"	USEA 2018 Beginner Novice A	85.00	
BEGINNER NOVICE UP 2'7"	USEA 2018 Beginner Novice A	85.00	
NOVICE UP TO 2'11"	USEA 2018 Novice Test A	85.00	
TRAINING UP TO 3'3"	USEA 2018 Training Test A	85.00	
MODIFIED UP TO 3'5"	USEA 2018 Mod A	85.00	
Combined Test Dressage & Stadium any level	Specify Level: _____	65.00	
Extra Activities			
Friday Dressage Schooling Show 9:00 AM to 3:00PM (\$35 w/ribbon, \$30 no ribbon)	Specify Test: _____	35.00 30.00	
Friday Show Jump Round 9:00 AM to 6:00PM (pick your own line)	Trainer allowed (5 min/round) Trainer time block -15 min 2-5 students	10.00 25.00	
Friday X-Country Round 9:00AM to 6:00PM	Includes use of available arena for flat work	55.00	
Stabling/Haul-In (Limited Availability - First Entered/First Served)			
Overnight Stall (Stall Bedded)	Number of Nights: _____ X	@35.00ea	
Day Stall (Stall Bedded) – for Saturday	Number of Stalls: _____ X	@25.00ea	
Extra Shavings	Number of Bags: _____ X	@10.00ea	
Haul-In Fee (Only if not stabling)	Number of Days: _____ X	@20.00ea	
Other Fees and Items			
Medical Arm Band	Only if you need one	10.00	
Pinney Vest	Only if you need one	20.00	
Late Fee (If space is available)	If entry post marked after 4/6/2018	15.00	
Office Fee	Each horse entered must pay	25.00	25.00
Total Fees:			



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Triple Crown Series: April SSHF Event, June Missoula Event, June Deary Event, September Missoula Event and October SSHF Event. Details on SSHF Website

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Helmets and boots/shoes with heels required at all times while mounted. Safety vests and medical arm or wrist bands required for cross-country (schooling and competing.) SJ may precede XC and therefore XC attire may be worn for SJ. Legal schooling tack may be worn (i.e. Boots or bandages) in all phases including dressage - formal dress/braiding not required in dressage.

Ride times will be available on Startbox to competitors and posted to the Spokane Sport Horse website www.spokanesporthorse.com by Thursday prior to show. Times may change before the start of the show on Saturday so please check the website before coming to the show. Most dressage tests will be ridden in a short court.

We really need volunteers to make this endeavor affordable; please contact us with your interest.

Awards: Ribbons thru 8th place and an award to 1st place.

I hereby agree to release, indemnify and hold harmless SSHF, LLC., its instructors, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities, I also hereby agree to release, indemnify and hold harmless the show management, show committee and members, officers, directors, agents, facility owners, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this competition or related activities. I enter this show at my own risk and I understand that officers and members of SSHF, LLC., and others associated with this activity assume no responsibility for accidents, injuries, damage, or illness to owner, horse, rider, attendants, spectators, or any other person or property in conjunction with this show. As indicated by my signature below, I hereby release SSHF, LLC., their officers, members and or co-sponsors of this show from any claim or right of damages which occur to me, my property, those persons accompanying me, or my horse. I also assume full responsibility for any damage done by me, my horse, or those accompanying me at this show.

Signatures	Print Name	Signature
Rider		
Owner		
Trainer		
Parent/Guardian (Mandatory if Rider is under 18 years of age)		



USEA EDUCATIONAL ACTIVITIES AND SCHOOLING SHOWS RELEASE FORM

NAME OF ACTIVITY/SCHOOLING SHOW: _____ USEA AREA: _____

DATE(S) HELD: _____ LOCATION: _____ STATE: _____

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA and, where applicable, the *U.S. Equestrian Federation Rules for Eventing*.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the *U.S. Equestrian Rules for Eventing*. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband or bracelet.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including falling or inability to maintain control over the animal. By participating in this activity I agree to assume responsibility for those risks, and I release and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

PARTICIPANT'S NAME (Please Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ EMERGENCY CONTACT PHONE: _____

FAX: _____ EMAIL: _____

TRAINER'S NAME (AT THIS EVENT): _____ PHONE: _____

NUMBER OF HORSES I WILL BE RIDING DURING ACTIVITY (if applicable): _____

Current Riding Level (if applicable):

Beginner Novice Novice Training Preliminary Intermediate Advanced

Check appropriate box:

I am a USEA member and my number is #: _____

I am not a USEA member

I am not a USEA member. I wish to join and have enclosed my membership form and dues.

Check here if participant is under 18 years old.

SIGNATURE: _____ Date: _____

(If participant is under 18, Release must be signed by parent or legal guardian, **not by trainer or instructor**. This release form is valid only when signed personally by the participant. Signatures of all others, with the exception of a parent or legal guardian of a minor, will not be accepted in the event a claim is filed.)

Rev. 1/16

HOLD HARMLESS AGREEMENT, WAIVER AND RELEASE, COVENANT NOT TO SUE

NOTE: everyone (legal guardian for those under age 18) who wishes to use the facilities at SSHF must sign this document. Please read and initial each paragraph as you approve it.

For myself individually, for each minor child I am legal guardian of, for our heirs and personal representatives, I (we) make the following statements and legally binding promises:

1. ___ I am aware of and fully understand that all horses are unpredictable and potentially dangerous. I assume these risks and waive any present or future right to make any claim against SSHF (owners, employees, insurers, heirs or successors in interest will be known hereafter as SSHF) for accidents, injury, loss, damage or death. I release SSHF from all claims, demands, actions or injuries that may arise from my (or my children's) presence. This release also covers property damage or loss, whether by fire, theft, disappearance, injury or any other cause.
2. ___ I have inspected the premises at SSHF and will continue to familiarize myself with any hazards of physical features. I assume responsibility for inspection of my own tack prior to riding. I understand that riding can be a dangerous sport. I am aware that injuries to horse/riders may occur and assume that risk.
3. ___ I understand that proper riding attire can help reduce but not eliminate risks of riding. I understand that professional instruction can help reduce risks, but not eliminate them while handling or riding horses. I understand that riding surfaces can be unsafe due to weather and other conditions, and expressly assume that risk by my presence under these conditions.
4. ___ I understand that SSHF does not carry any insurance on horse, tack, trailers or any other equipment not owned by it, and that all risks connected with boarding, riding and the presence of personal property on the premises are borne by the boarder and/or owner of that property. I understand that while my horse is in the custody of SSHF, that SSHF, its owners, instructors, nor employees shall be liable for sickness, disease, theft, death, or injury to the horse. I assume these risks.
5. ___ SSHF has my permission to initiate emergency medical first aid treatment for myself, children or animals in case of accident. SSHF has my permission to authorize emergency medical or veterinary treatment by professionals unless otherwise agreed upon. This assistance will be at my cost.
6. ___ I promise not to sue SSHF nor bring any counterclaim or third-party claim against SSHF. I understand that if I change my mind and sue, the court may be asked to dismiss the lawsuit because of this signed release and promise. If I break this promise, I authorize the court to award SSHF all of its legal fees and expenses in defending this claim. I promise to defend and hold harmless SSHF from any demand, claim or suit by anyone arising from my presence or my child's or horse's presence or participation.
7. ___ I understand that horses often injure themselves or other horses and that unexplained cuts, bruises, scratches and lameness can occur. I understand that horses may contract a disease or illness. I understand that serious injury or death of my horse may occur on the premises of SSHF. I assume these risks.

WARNING: Under Washington law, an equine activity sponsor or equine professional is not liable for injury or death of a participant in equine activities resulting from the inherent risks of equine activities. Revised Code of Washington 4.24.340

I understand that I am giving up certain legal rights in this document. I have had the opportunity to seek advice in this regard, if I so wish, before signing this document. I sign this document voluntarily, because I understand that this is an absolute requirement for myself (children or guests) to use the facilities at SSHF. I have read and initialized each paragraph. Non-enforcement of any clause does not render other clauses non-binding. Signed this _____ day of _____, 20__ at Spokane, Wa 99224

Signature _____ Name _____

Address _____ City _____ State _____ Zip _____

Phone: _____ email _____