



2021 DRIVING TRIALS
Dressage & Cones
CT ENTRY FORM

Name (driver): _____

DATE(s): _____ **Combined Test**
July 31st
(Dressage & Cones Only)

Name (owner): _____

LEVEL: Training Preliminary Intermediate Inter II
CLASS: VSE Pony Horse Draft
DIVISION: Single Pair Four-In-Hand

Address: _____

City, State, ZIP: _____

e-Mail: _____

Phone: _____

Navigator/Groom: _____

| Name of Horse(s): | Height | Breed | Age | Color | Gender |
|-------------------|--------|-------|-----|-------|--------|
| | | | | | |
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| | | | | | |

| Non SEC members | | SEC members | | ENTRIES OPEN: June 25th, 2021 ENTRIES CLOSE: July 16th, 2021 post entries accepted (with fee) space permitting . SCHEDULE: Drivers meeting Friday 7PM Event Starts—8am Sat & Sun Arrival Date/Time: _____ |
|---|------------------|---|------------------|---|
| CT Entry Fee | \$ <u>150.00</u> | CT Entry Fee | \$ <u>150.00</u> | |
| Stall (\$40/night) | \$ _____ | Stall (\$32/night) | \$ _____ | |
| Paddock (\$25/night-limited) | \$ _____ | Paddock (\$20/night-limited) | \$ _____ | |
| CA Drug Fee (\$8/horse) | \$ _____ | CA Drug Fee (\$8/horse) | \$ _____ | |
| Post Entry Fee (\$25) | \$ _____ | Post Entry Fee (\$25) | \$ _____ | |
| Camping (\$25/night) | \$ _____ | Camping (\$0/night) | \$ _____ | |
| Sponsor Volunteer Lunch(s) <i>(Any amount appreciated)</i> | \$ _____ | Sponsor Volunteer Lunch(s) <i>(Any amount appreciated)</i> | \$ _____ | |
| TOTAL | \$ _____ | TOTAL | \$ _____ | |

Competitors and/or Navigators, or any combination thereof, may go a MAXIMUM of two times on course/day, schedule permitting. Depending on the number of entries and the divisions entered it may not be possible to share equipment or grooms. We will do our best to accommodate.

Indicate any special requests with your entry.

Do you have more than one entry? YES NO
Are you sharing equipment? YES NO **If YES, with whom?** _____
Are you sharing a groom/navigator? YES NO **If YES, with whom?** _____

Add'l Information:

CANCELLATION POLICY 100% refund before closing date. \$25 office fee after closing date.

POST ENTRY FEE additional \$25 after close of entries, space permitting.

Please mail completed Entry Form and check payable to Sargent Equestrian Center to:
SARGENT EQUESTRIAN CENTER
 HDT 2021
 15757 E. Sargent Rd.
 Lodi, CA 95240

Sargent Equestrian Center

USE AGREEMENT AND LIABILITY RELEASE All Clinic Participants and Show Competitors must sign and send with registration (PLEASE READ CAREFULLY)

This agreement, dated [REDACTED] is made between Sargent Equestrian Center LLC, a California corporation ("SEC"), and [REDACTED] (print your name). WHEREAS, I understand and acknowledge that activities involving horses [REDACTED] ("Equine Activities"), including but not limited to the mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the participant in such activity as well as to the person or property of others; and WHEREAS, I understand and recognize and warrant that this Release, Waiver of Liability and Indemnity Agreement ("Release") is being voluntarily and intentionally signed and agreed to, and that in signing this Release I know and understand that this Release may further limit the liability of equine professionals to include any activity, whatsoever, involving horses, including death, personal injury and/or damage to property. NOW THEREFORE, in consideration of being granted access and/or use of the facilities of SEC and for other good and valuable consideration, receipt of which is hereby acknowledged, I agree as follows:

1. Assumption of the Risk. I hereby assume full responsibility for, and risk of, any death or bodily injury to myself or others (including, but not limited to, those matters set forth in the above recitals) and damage to or destruction of my property or the property of others, caused by my engaging in any Equine Activity either on the premises of SEC or elsewhere while working with an SEC equine professional, unless such bodily injury or property damage is attributable in full or in part to the gross negligence of SEC. My responsibility includes, but is not limited to, payment of (i) medical costs for myself and others that I may have injured, (ii) costs to replace my own property or the property of others that I may have lost, destroyed, or damaged, and (iii) damages for other non-medical and non-property items such as pain and suffering and lost wages, etc.

2. Release, Waiver of Liability, and Discharge of Claims.

(a) I hereby release, waive, and discharge any and all claims that I may now or in the future have for damages against SEC, including its owners, occupants, tenants, subtenants, licensees, employees, officers, directors, or agents and the respective affiliated entities or persons of any one or more of them, arising directly or indirectly from my death, the death of any other person, bodily injury to me or others, or damage to my property or that of others, attributable to my engaging in Equine Activities, or my presence on SEC's premises.

(b) I acknowledge that SEC requires me to wear AHSA approved headgear with a chin strap while riding or driving. SEC requires a **minor (under 18 years of age)**, to wear such headgear at all times when riding or driving horses. I hereby release, waive, and discharge SEC, including its owners, occupants, tenants, subtenants, licensees, employees, officers, directors, or agents and the respective affiliated entities or persons of any one or more of them, against any and all claims that I may now or in the future have for damages resulting from my failure to wear headgear while riding or driving either on SEC's premises or at an offsite facility.

(c) **This release is intended to release, waive and discharge, in advance, SEC, together with its owners, occupants, tenants, subtenants, employees, officers, directors and their respective affiliates or persons of any one or more of them, from and against any liability arising out of or connected in any way with my or my guests or invitees engaging in any Equine Activities on the SEC premises or in any activity in which an SEC representative is required to attend on my behalf, and/or my or my guests or invitees presence on the SEC premises, even though such liability may be attributable, in full or in part, to the negligence, recklessness or misconduct of one or more of such persons or entities.**

(d) **Medical Authority.** I, (participant, or if minor, parents/guardians) hereby grant permission and authority to SEC, its officers and authorized employees to act for me in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the person named above in the event of any perceived medical emergency. I hereby covenant and agree to release SEC its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them, and hold harmless from liability connected with obtaining prompt medical attention for the person named above.

(e) In accordance with such release, waiver, and discharge, and in consideration of being allowed to utilize and/or visit the SEC facilities, I promise not to sue or demand any money or anything else of value from SEC, including any of its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them.

3. Indemnification. I agree to completely indemnify and hold harmless SEC, including any of its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them, from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including attorney's fees, which are occasioned by, or otherwise attributable to, matters for which I have assumed the risk and for which I am responsible in accordance with Section 1 hereof, and for any actions brought by my guests or invitees.

4. Binding Nature of Agreement. I agree that this Agreement shall be binding on my personal representatives, heirs and assigns.

5. Governing Law. This Agreement shall be governed by, and construed in accordance with, the internal substantive laws of the State of California, without regard to the choice of law rules thereof. I hereby submit to the personal jurisdiction of the State of California. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in San Joaquin County, California.

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6. Severability. In the event that any provision of this Agreement shall be void or unenforceable for any reason, then such provision shall be stricken and of no force and effect. The remaining provisions of this Agreement, however, shall continue in full force and effect, and to the extent required, shall be modified to preserve their validity.

7. Assumption of the Risk and Waiver of Liability relating to the Coronavirus/COVID-19. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Sargent Equestrian Center (“SEC”) has put in place preventative measures to reduce the spread of COVID-19; however, SEC cannot guarantee that you will not become infected with COVID-19. Further, attending SEC events could increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending an SEC event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SEC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SEC employees, volunteers, officials, participants and others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SEC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SEC event.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE RELEASE OF LIABILITY AND ACCEPTANCE OF RESPONSIBILITY.

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

MINORS:

The undersigned declares that the undersigned is the parent or legal guardian of the minor named above. The undersigned has read the foregoing Release, Waiver of Liability and Indemnity Agreement, and in consideration of SEC allowing the below named minor onto its premises and/or allowing such minor to participate in Equine Activities, hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor.

If under 18, signature of both parents (if applicable) and/or guardian is required.

PRINT NAME OF PARTICIPANTS PARENT

OR LEGAL GUARDIAN OR LEGAL GUARDIAN

SIGNATURE OF PARTICIPANTS PARENT

DATE

PARTICIPANTS ADDRESS IN FULL

HOME PHONE

WORK PHONE

CELL PHONE

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP

PHONE #1

PHONE #2

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