



## Stable View 2018 Eventing Academy Schooling Horse Trials

The Schooling Horse Trials have Opening and Closing Dates, just like the USEF/USEA Recognized Horse Trials. The table below lists all of the necessary dates for the Schooling Horse Trials. **Please enter through:** [www.evententries.com](http://www.evententries.com) or complete and mail the attached form.

Schooling Horse Trial Date:	Opening Date:	Closing Date:
February 25	January 22	February 16
April 15	March 12	April 6
May 20	April 16	May 11
July 22	June 18	July 13
August 12	July 16	August 3
November 18	October 15	November 9
*December 9	November 12	November 30

\*December 9 Competition will be part of the 2019 Eventing Academy Series

### Divisions:

**Horse Trial:** Sprouts ( $\leq 18''$ ), Tadpole (2'3"), Beginner Novice (2'7"), Novice (2'11"), Training (3'3")

**Combined Tests:** Sprouts ( $\leq 18''$ ), Tadpole (2'3"), Beginner Novice (2'7"), Novice (2'11"), Training (3'3"), Preliminary (3'7"), Intermediate (3'11"), Advanced (4'1")

**Dressage Test of Choice:** Any USEF/USDF/USEA Dressage Test of Choice

### Horse Trial Fees:

**Horse Trial:** \$150; **Combined Test:** \$70; **Dressage Test** \$35

**Stabling:** \$75/night plus \$50 stall stripping deposit. No stabling offered in February, but every other month will be available.

**Shavings:** \$8/pine bag or \$9.50/straw bag

**Refunds:** Scratches received prior to the closing date will be refunded, less \$25 office fee. No refunds after the closing date. If for any reason the show is cancelled – partial credit applied. After closing date, refund minus \$25 office fee, only if same spot can be filled from wait list (if there is a wait list).

**Change Fee:** \$25

**Non-compete Horse:** \$50

**Late Fee:** Entries received after the closing date will be subject to a \$50 late fee for the Horse Trials, \$20 late fee for the Combined Tests and a \$10 late fee for the Dressage Test of Choice.

Entries must be accompanied by payment to be processed. Entries received without payment will not be accepted.

**Returned Check Fee:** \$30

**Accommodations:** Please contact the office at 484-356-3173 for more information or reservations.

RV Hook-up: \$40/night plus tax

1 bedroom apartment: \$155/night plus tax; 2 bedroom apartment: \$260/night plus tax; 3 bedroom house: \$346/night plus tax. No accommodations offered in February, but every other month will be available.



# HORSE TRIAL ENTRY FORM

## STABLE VIEW EVENTING ACADEMY

MONTH: \_\_\_\_\_

OFFICIAL USE ONLY	
Coggins # _____	
Release _____	
Fees \$ _____	

DIVISION: \_\_\_\_\_ DRESSAGE TOC: \_\_\_\_\_

ELIGIBLE SECTION:            Amateur            Rider            Horse            Open            JR/YR  
(According to USEF GEVR Appendix 3, Section 1)

HORSE: \_\_\_\_\_

RIDER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ OWNER EMAIL: \_\_\_\_\_

TRAINER NAME: \_\_\_\_\_ TRAINER EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ENTRY INFO	FEE	QTY	NOTES	TOTAL
Horse Trials	\$150		Three phase	\$
Combined Test	\$70		Stadium & Dressage Only	\$
Dressage	\$35		Per Test	\$
Stabling	\$75		Per Night; <b>Stable With:</b>	\$
Shavings	\$8 - \$9.50		Per Bag (pine or straw)	\$
Accommodations			RV; 1 – 3 bedrooms	\$
Change Fee	\$25		Per Entry	\$
Non-Compete Horse	\$50		Per Horse	\$
Late Fee Horse Trials	\$50		Per Entry if received after closing date	\$
Late Fee Combined Test	\$20		Per Entry if received after closing date	\$
Late Fee Dressage Test	\$10		Per Entry if received after closing date	\$
<b>TOTAL FEES DUE</b>				<b>\$</b>



One Entry per Horse.

Make checks payable to Stable View, LLC. \$30 Returned check fee.

Mail or email Form(s), Coggins, USEA/SV Release Form and Payment to Stable View, 117 Stable Drive, Aiken SC 29801.

secretary@stableviewfarm.com

www.StableViewFarm.com

WEREAS, IN CONSIDERATION FOR AND AS AN INDUCEMENT FOR SAGE MILL, LLC, CYNTHIA A. OLLIFF, BARRY M. OLLIFF AND STABLE VIEW, LLC AGREEING TO ALLOW THE UNDERSIGNED TO ENGAGE IN EQUINE ACTIVITIES (INCLUDING BUT NOT LIMITED TO RIDING, TRAINING, BOARDING AND/OR CARING FOR HORSES OWNED, LEASED OR UNDER THE CONTROL OF THE UNDERSIGNED (THE "HORSES") AT THE FACILITY OF THE AFORESAID LOCATED ON SPRINGFIELD CHURCH ROAD (THE "EQUESTRIAN CENTER") AND ADJACENT PROPERTY UPON WHICH CERTAIN RIDING TRAILS ARE LOCATED (THE "RIDING ACCESS PROPERTY") (TOGETHER THE EQUESTRIAN CENTER AND THE RIDING ACCESS PROPERTY SHALL BE REFERRED TO AS THE "FARM"), ALL IN AIKEN COUNTY, SOUTH CAROLINA, THE UNDERSIGNED HEREBY AGREES AS FOLLOWS:

1. I (WE) AGREE TO HOLD SAGE MILL, LLC, ITS SUCCESSORS AND ASSIGNS, (THE "COMPANY") CYNTHIA A. OLLIFF AND BARRY M. OLLIFF (COLLECTIVELY, THE "OLLIFFS"), AND STABLE VIEW, LLC ("SV"), THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES HARMLESS FROM ANY CLAIM FOR LOSS OR INJURY THAT MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON OR THING (INCLUDING THE HORSES) BY THE ACT OF OTHER PERSONS, OWNERS, GUARDIANS AND/OR THEIR ANIMALS WHILE AT THE FARM.

2. I (WE) ACKNOWLEDGE AND AGREE THAT THE COMPANY, SV AND THE OLLIFFS SHALL NOT BE LIABLE FOR ANY SICKNESS, DISEASE, THEFT, DEATH OR INJURY WHICH MAY BE SUFFERED BY THE HORSE(S) WHILE AT THE FARM. I (WE) UNDERSTAND AND ACKNOWLEDGE THAT ALL RISKS RELATED TO BOARDING, TRAINING, RIDING AND SHIPPING OF HORSE(S), OR FOR ANY OTHER REASON, ARE TO BE BORNE BY US. I (WE) FURTHER AGREE TO HOLD COMPANY, SV AND THE OLLIFFS HARMLESS FROM ANY CLAIM FOR LOSS TO OUR HORSE(S) BY DISAPPEARANCE, THEFT, DEATH OR OTHERWISE, AND FROM ANY CLAIM FOR DAMAGE OR INJURY TO OUR HORSE(S), WHETHER SUCH LOSS, DISAPPEARANCE, THEFT, DAMAGE OR INJURY, BE CAUSED OR ALLEGED TO BE CAUSED BY THE NEGLIGENCE OF COMPANY, SC OR THE OLLIFFS, OR BY THE NEGLIGENCE OF ANY OTHER PERSON, OR ANY OTHER CAUSE OR CAUSES. THIS WAIVER RELATES SPECIFICALLY TO STABLE VIEW LLC. RIDING ON ADJACENT PROPERTY INVOLVES RISKS FOR WHICH STABLE VIEW LLC CANNOT BE HELD RESPONSIBLE.

3. I (WE) HEREBY ASSUME THE SOLE RESPONSIBILITY FOR AND AGREE TO INDEMNIFY, DEFEND AND SAVE COMPANY, SV AND THE OLLIFFS HARMLESS FROM ANY AND ALL LOSS AND EXPENSES (INCLUDING LEGAL AND EXPERT WITNESS FEES ACTUALLY INCURRED) BY REASON OF THE LIABILITY IMPOSED UPON ANY OF THE AFOREMENTIONED PARTIES DUE TO BODILY INJURIES, INCLUDING DEATH AT ANY TIME RESULTING THEREFROM, SUSTAINED TO ANY PERSON OR PERSONS, INCLUDING MYSELF (OURSELVES) OR ON ACCOUNT OF DAMAGE TO PROPERTY, ARISING FROM OUR HORSE(S), HOWSOEVER SUCH INJURIES, DEATH OR DAMAGE TO PROPERTY OR PERSON MAY BE CAUSED, AND WHETHER OR NOT THE SAME MAY HAVE BEEN CAUSED BY OR ALLEGED TO HAVE BEEN CAUSED BY THE NEGLIGENCE OF COMPANY, SV OR THE OLLIFFS, OR THEIR AGENTS OR ANY OTHER PERSONS.

4. I (WE) EXPRESSLY ASSUME ALL RISKS FOR MYSELF, GUARDIANS, MY CHILDREN, MY PETS AND MY ANIMALS HEREUNDER.

5. I (WE) ACKNOWLEDGE AND AGREE, BY SIGNING THIS RELEASE AND INDEMNITY, THAT PURSUANT TO S.C. CODE ANNOTATED SECTION 47-9-720, AN EQUINE ACTIVITY SPONSOR OR AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, AND NO PARTICIPANT OR PARTICIPANT'S REPRESENTATIVE MAY MAKE A CLAIM AGAINST, MAINTAIN AN ACTION AGAINST, OR RECOVER FROM AN EQUINE ACTIVITY SPONSOR, OR AN EQUINE PROFESSIONAL FOR INJURY, LOSS, DAMAGE, OR DEATH OF THE PARTICIPANT RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY.

6. I (WE) UNDERSTAND THAT WE ARE WAIVING THE RIGHT TO BRING A LAWSUIT OR MAKE ANY OTHER CLAIM AGAINST COMPANY, SV OR THE OLLIFFS, THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES, AND I FURTHER UNDERSTAND THAT THIS RELEASE AND INDEMNITY WILL BE PRESENTED AS A COMPLETE DEFENSE AGAINST ME IF I (WE) DO BRING ANY LAWSUIT OR CLAIM AGAINST COMPANY, SV OR THE OLLIFFS, THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND/OR EMPLOYEES. THIS RELEASE AND INDEMNITY SHALL BE BINDING UPON MY (OUR) HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGN.

**WARNING - UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.**

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ THIS ENTIRE DOCUMENT AND UNDERSTAND IT.  
I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

EMAIL ADDRESS

DATE

WITNESS

SIGNATURE OF PARENT OR  
LEGAL GUARDIAN IF UNDER 18

PHONE #

SIGNATURE (MUST BE 18 YEARS OR OLDER)

PRINT NAME

PRINT NAME



# 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 failing 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.**)