



For Office Use Only				
Coggins: #				
Release:				
Fees: \$				

2018 Schooling Dressage Show

September 12, 2018 ● Closing Date September 5, 2018 ● Judge: Carol Bishop (r) & Valerie Swygert (r, WDAA)

Enter & Pay online at: https://stableviewfarm.com/schooling-dressage-online-entries/

Show begins at 12:00pm unless entries warrant to begin earlier
Entries not postmarked, completed and paid by closing date will be charged a \$20 late fee.
Ride times will be posted Monday by 5pm: Via Email and www.stableviewfarm.com

Wednesday Class List

- 1. FEI Test of Choice (Prix St George, Intermediate I or II, Grand Prix, Freestyle)
- 2. Fourth Level Test of Choice (1, 2, 3, Freestyle)
- 3. Third Level Test of Choice (1, 2, 3, Freestyle)
- 4. Second Level Test of Choice (1, 2, 3, Freestyle)
- 5. First Level Test of Choice (1, 2, 3, Freestyle)
- 6. Training Test of Choice (1, 2 or 3)
- 7. USEA Test of Choice (Advanced A or B, Intermediate A or B, Preliminary B)
- 8. USEF/USEA/WDAA Test of Choice (small or large ring depending on test)
- 9. USEA Test of Choice (Beginner Novice A or B, Novice A or B, Training A or B, Preliminary A)
- 10. Intro Test of Choice (A, B or C)

*Class 8 will run in arena warrented. Classes 9 - 10 will be in 20 x 40 m ring, all others in 20 x 60 m ring. Please dress casual, tack rules apply.

Listed classes will be split A (Amateur), J (Junior/Young Riders), O (Open) if entries warrant.

Rider N	lame			Rider Status A J	_ 0 _		
Horse I	Name						
Addres	s		City	/St/Zip			
Phone	none Email						
Test of	Choice:						
Emergency Contact Phone							
	Entry Info	Fee	Quantity		Total		
	Late Fee	\$20		Only apply after closing date or incomplete by closing.	\$		
	Test of Choice	\$35			\$		

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Late Fee	\$20		Only apply after closing date or incomplete by closing.	\$
Test of Choice	\$35			\$
Non-Compete Horse	\$30			\$
Stabling	\$75		Per night	\$
Shavings (per bag)	\$8			\$
<b>Total Fees Due</b>				\$

Entries not postmarked, completed and paid by closing date will be charged a \$20 late fee.

Stabling, Shavings and Accommodations are available upon request. All stalls require a \$50 stall stripping deposit.

**Office Hours:** Wednesday, One hour prior to start of show Ribbons awarded 1st through 6th place per class.

**Please make checks payable to Stable View, LLC.** There is a \$30 charge for returned checks. Mail Entry Form, Coggins, Release Form and Payments to Stable View, 117 Stable Drive, Aiken SC 29801

# STABLE VIEW, LLC.

# RELEASE AND INDEMNITY

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 STABLEVIEW, 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 ATTHE FARM.
- 2. I (WE) ACKNOWLEDGE AND AGREETHAT THE COMPANY, SV AND THE OLLIFFS SHALL NOT BE LIABLE FOR ANY SICKNESS, DISEASE, THEFT. DEATH OR INJURY WHICH MAY BE SUFFERED BYTHE HORSE(S) WHILE AT THE FARM. I (WE) UNDERSTAND AND ACKNOWLEDGETHAT 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.

- 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 NOTTHE 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, PURSUANTTO 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	PHONE #
DATE	SIGNATURE (MUST BE 18 YEARS OR OLDER)
WITNESS	PRINT NAME
SIGNATURE OF PARENT OR	PRINT NAME

# WESTERN DRESSAGE ASSOCIATION®

## OF AMERICA

#### This form can be completed using Adobe Reader or by hand

MEMBERSHIP APPLICATION		•						
General memberships run from January 1 st – December 31 st								
Date:	New Member	Annual Renewal						
TYPE OF MEMBERSHIP								
\$25 General Membership	\$25 <b>General Membership</b> (Yearly renewal)							
\$1000 Founding Pioneer (	\$1000 Founding Pioneer (Lifetime membership)							
\$2500 Silver Concho Mem	\$2500 Silver Concho Membership (Lifetime membership)							
\$5000 Gold Concho Memi	\$5000 Gold Concho Membership (Lifetime membership)							
Donation \$	TOTAL \$_							
PERSONAL INFORMATION (*req	uired information for membershi	p profile)						
*First Name:	*Last name:_							
*Street Address:								
*City:	*State:*Zip:	*Country:						
Home Phone:	Mobile Phone:							
*Email:	A unic	que email is required for each member						
Date of birth:	(for security purpo	(for security purposes only if identity needs to be verified)						
•	ler (in US funds) Check #:							
Make checks payable and send to: Western Dressage Association of America (WDAA), PO Box 2349, Parker, CO 80134 Check must be accompanied by a copy of this form								

About the Western Dressage Association® of America: The Western Dressage Association® of America(WDAA) is a 501© 3 educational non-profit organization focused on providing a model of horsemanship that optimizes the partnership of horse and rider for their mutual benefit. The mission of the WDAA is to honor the horse, to value the relationship between the horse and rider, and to celebrate the legacy of the American West, which it focuses on through its offerings of educational opportunities and events to the equestrian community.