



**Entry Form**  
**Scribe/Scoring Clinic**  
**At Raswan Ride-A-Test**

**Clinic Date: Saturday, October 6, 2018**  
**Closing Date: Saturday, Sept 29, 2018**

**Hosted By: Everleaf Equestrian**  
**3287 N County Rd, Geneva, FL**

Office Use Only (Items Completed):

**Form:** \_\_\_\_\_  
Photo Release: \_\_\_\_\_  
Liability Release: \_\_\_\_\_

**Fees Paid:**  
Training \_\_\_\_\_

Check # \_\_\_\_\_  
Paypal \_\_\_\_\_

Completed entry form must be postmarked by Saturday, September 29, 2018.  
Contact: Susan Croft – susancroft@mac.com

ALL FIELDS ARE REQUIRED FOR COMPLETE REGISTRATION

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Entry Fees:**

CFD Member \$10

Non-Member \$20

Fee includes training material and must be accompanied with entry form.

**Make check payable to:** Central Florida Dressage, Inc.  
**Mail to:** Susan Croft  
33810 Cardinal Lane  
Eustis, FL 32736

**PHOTOGRAPH AND VIDEO RELEASE:** I authorize and provide permission for Central Florida Dressage Inc, and related entities, to use or provide for publication, in any type of media including websites and printed material, photographs or video taken of me, my horse, or my representatives at this event. I understand that I will not be paid or compensated for providing this authorization. Signing this authorization is not a guaranty that my photographs will be ultimately selected for publication or reproduction.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING**

Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

**LIABILITY RELEASE & ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY**

I understand that by participating in this event, I do so at my own risk and risk to the above named horse. I understand that Central Florida Dressage Inc, its board members and staff, United States Dressage Federation Inc, the event organizer, volunteers, clinician(s), facility staff, the hosting individual(s) and/or organization, sponsors or anyone acting on their behalf are not responsible for accidents, damage, injury or illness to the horses, riders, spectators, or any other person in connection with this event. I further agree to abide by all USDF rules and fulfill all financial commitments related to this event. Regardless of any agreements between the rider and the horse's owner, the rider, as event participant, is ultimately responsible for paying the fee for this event to CFD and for paying the stabling and any related fees to the facility hosting the event.

The undersigned as a participant/parent/legal guardian or legal representative/agent/responsible party, being of legal age and fully competent to contract, have read, understand, and agree to the above Warning and Chapter 773 of the Florida Statutes (available at <http://www.leg.state.fl.us/statutes> OR available upon request from Central Florida Dressage Inc) and the Liability Release & Acknowledgment of Financial Responsibility.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**(COMPLETE THE FOLLOWING ONLY IF SIGNING ON BEHALF OF A MINOR)**

Relationship to Participant: \_\_\_\_\_ Signer's Date of Birth: \_\_\_\_\_ (Month/Day/Year)

# Everleaf Equestrian

Premier Hunter Jumper Boarding, Training and Sales

3287 North County Road 426, Geneva FL 32732

## GENERAL RELEASE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If Minor, Name of Parent/ Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/ Guardian Address: \_\_\_\_\_

Parent/ Guardian Contact Phone: \_\_\_\_\_

This GENERAL RELEASE pertains to the property and facilities located at 3287 North County Road 426, Geneva FL, known as Everleaf Equestrian LLC, or any other locations, such as private or public show grounds, horse stables or farms either locally or out of State, that is owned, leased or visited for the purpose of Everleaf Equestrian in conducting their business.

I hereby assume the sole responsibility and agree defend, indemnify and hold harmless Everleaf Equestrian LLC, their employees, officers, agents, leasers, the property owners, their employees, officers, agents, leasers, and all owners of horses at the above described locations. I will assume sole responsibility from any and all losses, expenses (including legal fees) by reason of the liability imposed by the law upon any of the aforementioned parties for damage because of bodily injury or property damage (including damage to equines deemed by law to be property and/or athletes) at any time resulting therefrom sustained by persons, including myself, my child, my spouse or my guests, out of or in consequence with all equine and/or related activities.

I acknowledge there are inherent risks associated with equine activities such as described below and hereby expressly assume all risks associated with participating in such activities. The inherent risks include, but are not exclusive to: the propensity of equines to behave in ways that may result in injury, harm or death to persons on or around them such as running, bucking, biting, kicking, shying, rearing, stumbling, falling or stepping; the unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other equines, animals, or objects; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

I acknowledge that horses, by their very nature are unpredictable and subject to animal whim, which may include the following non-exhaustive behavior: their propensity to kick, bite, shy, buck, stumble, bolt, rear or general unpredictability. I assume all risks in connection therewith, and expressly waives any claims for any injury or loss arising therefrom.

I agree to abide by and follow Everleaf Equestrian's rules and regulation, which, shall be posted and/or available from time to time. Rider further acknowledges that the behavior of any animal is contingent to some extent upon the ability of rider and/or handler. I assume all risks therefore and warrant a full and fair disclosure of my riding and handling abilities has been made to Everleaf Equestrian.

I assume all risks and danger directed and incidental to equine activities, including (but not exclusively) the danger of falling from or being struck by a horse, whether occurring prior to, during or subsequent to actual riding.

I understand and assume the responsibility to provide and wear proper ASTM regulated headgear, and proper clothing including (but not exclusively) closed-toed shoes at all times while riding, handling and working around horses.

I so state that I have no physical or medical impairments or conditions that would interfere with the purpose of riding instruction and/or other equine activities, and further agree that any medical conditions that I might have are being treated by a licensed physician and that any medication that I am taking has been approved by a licensed physician, and that this physician has given permission that I may participate in horseback riding, instruction and all other activities directly or indirectly related.

**Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. Fla. Stat. § 773.01 (2015).**

I the undersigned, have read and voluntarily signed this release without relying upon any statements or inducements made by Everleaf Equestrian LLC, its employees, officers, agents or representatives. This agreement shall be binding by the undersigned their personal representatives and heirs.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (signed)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARENT/ GUARDIAN