

Freedom Equestrian Therapy Services Presents . . . a Benefit Horse Show



Dressage Schooling Show • July 9 & 10, 2011

at Wisconsin Equestrian Center • De Pere, WI

Judges: David Schmutz USEF "S" • Others TBA

This show is recognized by the NEWDA & WDCTA and follows rules set forth by the United States Equestrian Federation (USEF).

Horse Name: _____

Breed _____

Color _____ Sex _____

Height _____ Age _____

Rider Name: _____

Street _____

City _____

State _____ Zip _____

Phone _____

Email _____

Junior/Young Rider (21 & under) Birthdate: _____

Owner Name† _____

†If other than rider.

FETS Rules:

- No more than (3) rides per horse/rider combination.
- Only (1) horse/rider combination per entry form.
- All signatures are required on entry form, including rider and owner. FETS reserves the right to decline incomplete entries.
- Competitors may arrive on the show grounds from 1 p.m. - 9 p.m. on Friday, July 8th.
- A copy of your horses' 2011 Coggins is required with every show entry. Please bring the original to the show with you.
- Show jackets are **not** required. However, appropriate riding boots and dressage tack are required, according to USEF rules. Braiding is optional.
- ASTM/SEI approved helmets are required for all riders 18 years of age and under. FETS strongly suggests that all riders, while mounted, wear an ASTM/SEI approved helmet. See USEF Rule DR120.5.
- **No refunds will be given after closing date.** Prior to the closing date, refunds will only be given with a veterinarian and/or doctor's certificate. Only class fees will be refunded. No refunds on office or stabling fees.
- Ride times will be emailed to all riders. Please provide an email address on entry form. Ride times will also be posted on www.foxvillage.com. Do not call WEC!
- Questions, please call (920) 819-2891 or e-mail at DEBLMEYE@aol.com.

Reminders:

- Food will be available on the show grounds.
- Ribbons and High Point awards will be presented for each level.

REMINDER: Please sign waiver(s) on reverse side.

Please mail entry forms, coggins and fees (check or money order) to:

Deb Heier – Competition Secretary
P.O. Box 10595 • Green Bay, WI 54307-0595

ENTRIES CLOSE: June 25, 2011

(Entries must be postmarked by the closing date.)

Proceeds to benefit Freedom Equestrian Therapy Services (FETS), Inc. FETS is a 501(c)(3) (pending) organization developed to provide quality skilled Occupational Therapy services to those adults affected by neurological diagnosis including Multiple Sclerosis, Parkinsons, and Stroke. Our goal is to improve mobility, independence, and confidence utilizing the movement of the horse as the primary treatment modality.



2-Day Schooling Show • Each Day is a Separate Show!

REMINDER: This schooling show is a double show; meaning, that Saturday is one show and Sunday is another show. A separate entry will need to be filled out for each day.

Put an "X" in the box of the class you would like to ride in.

This entry is for: Saturday, July 9th Sunday, July 10th

<input type="checkbox"/>	Class #1: Intro Test A Junior/Young Rider
<input type="checkbox"/>	Class #2: Intro Test A Open
<input type="checkbox"/>	Class #3: Intro Test B Junior/Young Rider
<input type="checkbox"/>	Class #4: Intro Test B Open
<input type="checkbox"/>	Class #5: Intro Test C Junior/Young Rider
<input type="checkbox"/>	Class #6: Intro Test C Open
<input type="checkbox"/>	Class #7: Training Level 1 Open
<input type="checkbox"/>	Class #8: Training Level 2 Junior/Young Rider
<input type="checkbox"/>	Class #9: Training Level 2 Open
<input type="checkbox"/>	Class #10: Training Level 3 Junior/Young Rider
<input type="checkbox"/>	Class #11: Training Level 3 Open
<input type="checkbox"/>	Class #12: First Level 1 Junior/Young Rider
<input type="checkbox"/>	Class #13: First Level 1 Open
<input type="checkbox"/>	Class #14: First Level 2 Open
<input type="checkbox"/>	Class #15: First Level 3 Junior/Young Rider
<input type="checkbox"/>	Class #16: First Level 3 Open
<input type="checkbox"/>	Class #17: Second Level 1 Open
<input type="checkbox"/>	Class #18: Second Level 2 Open
<input type="checkbox"/>	Class #19: Second Level 3 Open
<input type="checkbox"/>	Class #20: Third Level % Ride Test of Choice – Open Which test will you be riding: _____
<input type="checkbox"/>	Class #21: Fourth Level % Ride Test of Choice – Open Which test will you be riding: _____
<input type="checkbox"/>	Class #22: FEI Level % Ride Test of Choice – Open Which test will you be riding: _____
<input type="checkbox"/>	Class #23: Musical Freestyle % Ride Test of Choice – Open Which test will you be riding: _____
<input type="checkbox"/>	Class #24: Para-Equestrian % Ride Test of Choice – Open Which test will you be riding: _____

Entry Fee = \$20 per class / Non-Compete = \$25	\$
Stabling = \$35 (1-day) / \$65 (Weekend)	\$
Tack Stall = \$35 (1-day) / \$65 (Weekend)	\$
Haul-In Fee (no stall) = \$25 (each day)	\$
Bedding = \$7 per bag (not included with stall)	\$
Class Sponsorship = \$15	\$
Late Fee = \$15 (per entry)	\$
Office Fee (All entries must pay.)	\$ 10.00
(Checks payable to: FETS) GRAND TOTAL:	\$

STABLING REQUESTS: _____

WISCONSIN EQUESTRIAN CENTER, INC. • FREEDOM EQUESTRIAN THERAPY SERVICES, INC.

RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING.

I AGREE in consideration for my participation in this Competition to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).

I AGREE to release the Wisconsin Equestrian Center, Inc./Freedom Equestrian Therapy Services, Inc., from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Wisconsin Equestrian Center, Inc./Freedom Equestrian Therapy Services, Inc.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition and to hold it harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition.

I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Wisconsin Equestrian Center, Inc./Freedom Equestrian Therapy Services, Inc. strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child’s behalf.

I AGREE that “the Competition” as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities:

“NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.”

BY SIGNING BELOW, I AGREE to be bound by all terms and provisions of this entry blank.

RIDER (Mandatory)

Signature _____ Date _____

Print Name _____

OWNER (Mandatory)

Signature _____ Date _____

Print Name _____

I, the undersigned, am one of the parents of the above-named minor participant (and/or the duty appointed legal guardian of such minor), and I have full authority to sign this waiver for and on the behalf of the minor. My signature on this form constitutes expression of my understanding and consent to the total and unconditional waiver set out above.

PARENT (Required if rider is under the age of 18.)

Signature _____ Date _____

Print Name _____

EMERGENCY CONTACT (Mandatory)

Name & Relationship (Print) _____ Cell Phone _____