

WDCTA Kettle Moraine Chapter

Grass Roots Dressage Show

August 27, 2011, 8:00 a.m.

Sorensen Equestrian Park (www.sorensenpark.com)
1700 St. Peters Road, East Troy, WI 53120 • (262)642-4111

Ride Times: Call/E-mail Alice Antczak, August 25 (262) 642-4178, aantczak@centurytell.net

Judge: Nicole Trapp (L)

Ribbons and High Point Award

Entries Close August 20, 2011 or When 45-Ride Slots Fill

**Enter Early, Don't be Disappointed—45-Ride Limit—First Come, First Served
Late Entries Accepted Only If Ride Times Available**

Negative Coggins Test Required (Photocopy with Entry) Bring Original Copy Day of Show

USEF Rules, Not Sanctioned by USDF or USEF (Scores Do Not Count For Year End Awards)

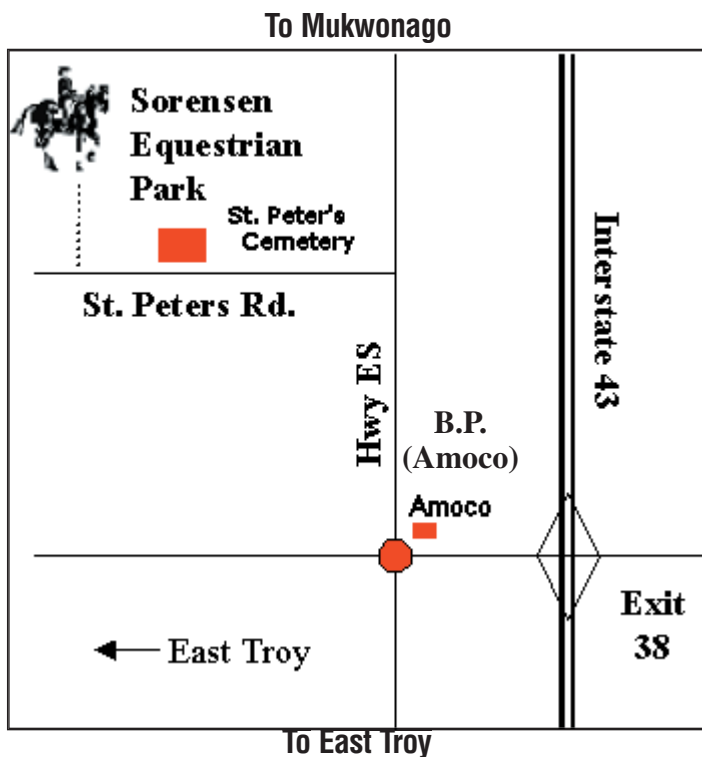
Scores Eligible for WDCTA and the Sorensen Schooling Show Program

Show Attire/Dressage Tack Not Required • **ASTM Helmets Required For All on Show Grounds When Mounted.**

Please include a separate check for \$20.00 (to WDCTA) which will be returned after you strip clean your stall.

Fees refunded—less \$40.00 stall rent—only with veterinarian's/doctor's certificate

Food Available on Grounds



Fees:

Stall (required—includes one bag of shavings)	\$40.00
Horses may arrive Friday, July 15 after 1:00 p.m.	
Tack stalls	\$35.00
Office fee (one time show fee)	\$10.00

Classes:

1 Intro test A (open)	\$20.00
1G Intro test A (gaited horses)	\$20.00
2 Intro test B (open)	\$20.00
2G Intro test B (gaited horses)	\$20.00
3 Intro test C (open)	\$20.00
3G Intro test C (gaited horses)	\$20.00
4 Dressage suitability w/t (open – min. 3 entries)*	\$20.00
5 Walk/trot dressage equitation (open)*	\$20.00
6 Training level test 1 (open)	\$20.00
7 Training level test 1 (maiden)*	\$20.00
7G Training level test 1 (gaited horses)	\$20.00
8 Training level test 2 (open)*	\$20.00
9 Training level test 3 (open)*	\$20.00
10 First level test 1 (open)*	\$20.00
11 First level test 1 (maiden)*	\$20.00
12 First level test 2 (open)*	\$20.00
13 First level test 3 (open)*	\$20.00
14 Second level or above % ride (open)*	\$20.00
15 Amateur handler (sporthorse-in-hand)*	\$20.00
16 Musical freestyle (any level, any breed)*	\$20.00

*These classes open to all breeds (gaited and non-gaited)

For information and/or an entry form call (262) 642-4178 or email aantczak@centurytell.net

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August 27, 2011

HORSE'S NAME	BREED	GAITED		HEIGHT	COLOR	SEX	AGE
		Yes	No				

CLASS NO.	CLASS DESCRIPTION – BE SURE TO SPECIFY LEVEL WHERE APPLICABLE	ENTRY FEES

<p style="text-align: center;">Please type or print! Use separate form for each horse.</p> <p><i>You must enclose:</i></p> <p>1) Check/money order, payable to: WDCTA Kettle Moraine Chapter for all fees.</p> <p>2) Separate check for \$20.00, payable to: WDCTA for stall cleaning. Returned when stall is stripped.</p> <p>3) A photocopy of current coggins test for each horse. <i>Bring original to show.</i></p> <p style="text-align: center;">***ALL ENTRIES MUST INCLUDE ALL FEES AND SIGNED WAIVER***</p> <p style="text-align: center;"><i>Fees refunded—less \$40.00 stall rent—only with veterinarian's/doctor's certificate.</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Entries</td><td style="text-align: right; padding: 2px;">\$</td></tr> <tr><td style="padding: 2px;">Stall (required) <small>includes 1 bag bedding</small></td><td style="text-align: right; padding: 2px;">\$ 40.00</td></tr> <tr><td style="padding: 2px;">Tack Stall (\$35.00)</td><td style="text-align: right; padding: 2px;">\$</td></tr> <tr><td style="padding: 2px;">Office Fee</td><td style="text-align: right; padding: 2px;">\$ 10.00</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="text-align: right; padding: 2px;">TOTAL</td><td style="text-align: right; padding: 2px;">\$</td></tr> </table>	Entries	\$	Stall (required) <small>includes 1 bag bedding</small>	\$ 40.00	Tack Stall (\$35.00)	\$	Office Fee	\$ 10.00			TOTAL	\$
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Tack Stall (\$35.00)	\$												
Office Fee	\$ 10.00												
TOTAL	\$												

Rider/Handler _____

Street _____

City _____ State _____ ZIP _____

Daytime Telephone _____ Home Telephone _____

E-Mail Address _____

Horse Owner _____

Street _____

City _____ State _____ ZIP _____

Daytime Telephone _____ Home Telephone _____

E-mail Address _____

Registration Signature _____

Please stable me with _____

Please mail entry form/fees to:
Alice Antczak
 N7258 County ES
 Elkhorn, Wisconsin 53121

Questions:
(262) 642-4178

Entries Close August 20, 2011
or
When 45-Rides Fill
First Come/First Served

**Wisconsin Dressage & Combined Training Association
Waiver, Release and Hold Harmless Agreement**

Please read the following statements and indicate your understanding and agreement to them by signing below:

I, the undersigned, understand and believe that the use, handling and riding of horses involves a risk of physical injury to any individual undertaking such activities. I further know that any horse, irrespective of its training, usual past behavior and characteristics, may act or react unpredictably at any time. With full awareness of the foregoing, I am knowingly participating in a horse show judged by **Nicole Trapp** and sponsored by the Wisconsin Dressage and Combined Training Association (WDCTA) and I voluntarily engage in this activity. The possibility of injury is accepted as a risk inherent in work on and around horses.

I, the undersigned, understand that horseback riding is a rigorous activity, both physically and mentally demanding. I hereby represent that my horse and I have the requisite level of physical fitness and mental alertness to enable us to participate in the horse show for which this waiver is being obtained. Both my horse and I are in good health and free from injury, illness or other defects, which may impair our ability to engage in this activity.

I, the undersigned, also understand that riding in a show by its nature requires that the judge issue direction in the form of "commands", and I understand that, while due deference must be given to such commands, I must and will use my own judgment whenever the situation demands it. I understand that all activities engaged in as part of the instruction are entirely voluntary and that I may elect not to comply with any suggested act. The Judge is entitled to my attentiveness and good faith efforts to respond to his/her directives, but he/she neither is entitled to nor requests absolute obedience and it is expected that I will at all times be alert and thinking while on horseback.

I, the undersigned, understand that approved riding helmets are required when mounted for all riders.

I, the undersigned, expressly and voluntarily assume all risks attendant to horseback riding and related activities, including but not limited to those discussed in the foregoing paragraphs. I do hereby fully and forever release, discharge, and hold harmless **Nicole Trapp**, WDCTA, its officers and members, Sorensen Equestrian Park, as well as all other participants of the horse show, and the assigns of same, from any and all claims which I, the undersigned, or my assigns, may assert as a result of physical injury to a horse or rider, or loss of property, that incurred while a participant using, handling, or riding a horse while a participant in the WDCTA Kettle Moraine Chapter Grass Roots Dressage Show. My signature on this form constitutes expression of my understanding and agreement to all that is stated above and my total and unconditional release of **Nicole Trapp**, WDCTA, its officers and members, and other show participants.

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."

Dated: _____ Signature of participant: _____

I, the undersigned, am one of the parents of the above-named minor participant (and/or the duly appointed legal guardian of such minor), and I have full authority to sign this waiver for and on 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.

Dated: _____
Signature of parent or legal guardian on behalf of minor participant

PLEASE PRINT:

Name of Participant _____ Telephone _____

Address _____ City/State/ZIP _____