



## FADS at Lehigh Riding Club

121 W. Deep Run Road  
Westminster, MD 21157

### PRIZE LIST

[www.lehighridingclub.com](http://www.lehighridingclub.com)  
[www.FrederickDressage.org](http://www.FrederickDressage.org)



| SHOW DATE | OPENING DATE | CLOSING DATE | JUDGE         |
|-----------|--------------|--------------|---------------|
| 9/17/17   | 8/27/17      | 9/11/17      | Aviva Nebesky |

**Ride Fee:** \$25 per ride.

**Tests:** All current USDF, USEF, Western, and FEI dressage tests and all eventing dressage tests. Musical Freestyles and Gaited Dressage Tests will not be offered.

**Horse Tack:** Safe humane tack is required.

**Rider Attire:** Safe casual riding attire (riding jackets are optional). Approved safety helmet with harness fastened and riding-safe footwear are required whenever mounted. Formal dressage attire is permitted.

#### **Arenas:**

Show Arena: 20 x 60 dressage ring with Sand/EuroFelt footing.

Warm Up Arenas: 60' x 225' Sand/EuroFelt arena adjacent to show arena.

**Show Ribbons:** First through sixth places. High Score and Reserve High Score for each show.

#### **Submitting Entries:**

Enter online at [www.FrederickDressage.org](http://www.FrederickDressage.org) or mail this completed form and signed release, copy of current Coggins, and check or cash to Sandy Hart-Long, P.O. Box 352, Sykesville, MD 21784.

Checks made out to **Lehigh Riding Club**.

Questions? Email: at [ficsofmd@gmail.com](mailto:ficsofmd@gmail.com)

**Payment:** Pay at the show. Payment is on the honor system – if you scratch after midnight of the closing date (or are a no-show), you agree to pay the ride fees. Mail the fees to Sandy-Hart Long, P.O. Box 352, Sykesville, MD 21784.

**Ride Times:** Wednesday before the show ride times will be posted at [www.FrederickDressage.org](http://www.FrederickDressage.org) and emailed.

**Year End Awards:** Awarded by level to rider/horse combinations that ride in at least two of the FADS shows.

**Special Scheduling Requests:** We will make all efforts to accommodate special requests but cannot promise.

**Late Entries:** If show is not full by the closing date, closing date may be extended.



# FADS at Lehigh Riding Club

121 W. Deep Run Road  
Westminster, MD 21157

## Entry Blank

[www.lehighridingclub.com](http://www.lehighridingclub.com)  
[www.FrederickDressage.org](http://www.FrederickDressage.org)



| SHOW DATE | OPENING DATE | CLOSING DATE | JUDGE         |
|-----------|--------------|--------------|---------------|
| 9/17/17   | 8/27/17      | 9/11/17      | Aviva Nebesky |

|                |   |
|----------------|---|
| RIDER NAME     |   |
| RIDER STATUS   | Circle One: Professional      Adult Amateur      Junior/Young Rider |
| RIDER PHONE    |   |
| RIDER EMAIL    |   |
| HORSE NAME     |   |
| TEST 1         |   |
| TEST 2         |   |
| TEST 3         |   |
| TOTAL \$\$ DUE |   |

By entering this show, I agree to assume the risk of all the dangers inherent in horse activities, all the dangers inherent in being present on a farm, and all the dangers inherent in interacting with other horse people. I agree to hold harmless Lehigh Riding Club and its agents and show volunteers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Lehigh Riding Club

## RELEASE, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION FORM

*This document waives important legal rights. Read it carefully before signing.*

In consideration for allowing me to use the premises and facilities known as Lehigh Riding Club and located at 121 W. Deep Run Road, Westminster, MD 21157 (the "Premises") I agree to the following:

- I AGREE that I choose to participate voluntarily in equestrian sports as a rider, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a minor who wishes to do so. I am fully aware and acknowledge that horse sports involve dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").
- I AGREE to release Lehigh Riding Club, its owner, workers, and volunteers (hereinafter collectively referred to as "Operator") from all claims for money damages or otherwise for any Harm to me, my horse, or others and for Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Operator.
- I AGREE to expressly assume all risks of Harm to my horse, including Harm resulting from the negligence of the Operator.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Operator and to hold the Operator 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 while on the Premises.
- I understand about protective equipment and I AGREE to wear protective equipment, including but not limited to safety approved riding helmets, at all times while mounted. I understand that no protective equipment can guard against all injuries.
- I AGREE that I have the requisite training, coaching, and riding abilities to safely participate in equestrian activities.
- I AGREE that I have liability insurance that covers me and any horse(s) that I own, ride, or allow others to ride for all equine related activities and events, including those at Lehigh Riding Club.
- If I am a parent or guardian of a minor (age less than 18 years), I consent to the minor's participation in equestrian activities while on the Premises.

I AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the minor's behalf. Furthermore, I understand that I must be present on the Premises at all times while the minor is present.

- BY SIGNING BELOW, I AGREE to be bound by all provisions above and I understand this form has no expiration date.

Date: \_\_\_\_\_

### **If Rider is age 18 or over:**

Print Rider Name: \_\_\_\_\_

Rider Signature: \_\_\_\_\_

### **If Rider is under 18 years of age:**

Print Rider Name: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_