

July 24, 2021 Hollywood Hill Saddle Club Dressage Show

Entries must be received by July 10th. Our judge is Jo Renn, a USDF L Graduate with Distinction. We offer USDF and WDAA dressage tests in a full court.

This show follows WA State COVID guidelines for horse shows. Come prepared to follow the rules outlined in this entry.

COVID-19 mask restrictions are lifted, but we will still follow our COVID-19 prevention plan. We ask that everyone self-monitor for symptoms. Masks and social distancing are not required for vaccinated guests and competitors, but we ask that unvaccinated guests practice social distancing, and wear a mask if in close contact with others for a long period of time, or indoors. We will rely on the honor system, and will not be verifying vaccinations.

Participants can do up to four tests per horse (please keep in mind the fitness of your horse and potential summer weather extremes). A horse will not be allowed to do more than four tests per day, regardless of number of riders. We ask that riders leave upon receiving their scores (or bring a stamped, self-addressed envelope and we will mail them). If you are sharing a trailer, please note who you are sharing a trailer with below. If riders are sharing a horse, they should each fill out their own form, but note it for scheduling. There will not be food available on site, please plan ahead.

Each test is \$20 member/\$25 nonmembers. All entrants must pay a \$15 haul in and administration fee, regardless of membership. Write email legibly, ride times will be emailed. Rider (or parent/guardian, if under 18) must sign waiver on the reverse of this form. There will be a \$5 fee for incomplete entries.

Rider Name: _____ Current Member HHSC: Yes/No (Circle one)

Horse Name: _____ Rider Email: _____

Emergency Contact (Name/Number): _____

Discipline (USDF/WDAA): Level: Test: Test Fee (\$20 /\$25):

Discipline (USDF/WDAA)	Level	Test	Test Fee (\$20 /\$25)

Arena/Admin Fee: \$15

Total: _____

Notes:

Make checks payable to: Hollywood Hill Saddle Club (\$35 Fee on all Returned Checks). Email or mail entries to **Stephanie Portch, 13221 Springhetti Rd, Snohomish, WA 98296**. Checks or PayPal are preferred during the pandemic. PayPal and email address: **cement_cowgirl@yahoo.com**. Please note that the payment is for the HHSC May Dressage Show and use the "Friends" option on PayPal. Refunds

are in full until closing; after closing they require a doctor or vet note and will be subject to a \$10 administration fee.

Every entry shall constitute an agreement & affirmation that the person making it along with the owner, lessee, trainer, manager, agent, coach, driver, rider, and the parent or guardian of any person(s) (1) shall be subject to constitution and rules of the Hollywood Hill Saddle Club ("HHSC"), (2) that every horse, rider, is eligible as entered;(3) are bound by the rules of HHSC and will accept as final the decision of management on any question arising under said rules &; agree to hold the judge, HHSC, their officials, directors, agents, employees, &; volunteers harmless for any action taken;(4) acknowledge that they are at this show fully aware that horses, horse sports &; this event involves inherent dangerous risk &; by attending they expressly assume any &; all risk of injury or loss &; they agree to hold HHSC, the show &; their officials, directors, employees, volunteers, or agents harmless for any injury or loss resulting directly or indirectly from the negligent acts or omissions of said official, directors, employees, volunteers, or agents of the show;(5) that all entries, constitute an agreement to pay all applicable fees to HHSC regardless of participation.

Further, during the COVID-19 pandemic, I understand that any contact outside my household increases my risk of contracting the disease. In order to protect myself and those around me, I agree to:

- Take my temperature prior to attending, and stay home if it is above 100.4 F
- Self monitor for chills, aches, cough, new loss of taste or smell, and stay home or leave should those symptoms develop
- Contact event management if I have any of the above symptoms (All fees besides \$10 processing will be returned to those who must cancel due to symptoms).
- I will wear a mask in crowded public areas of HHSC Saddle Club grounds (if not vaccinated).
- I will maintain social distancing of 6' while on the grounds (if not vaccinated).
- I will practice good hygiene and use the handwashing station and hand sanitizer as needed.

By signing below I acknowledge that I understand, and knowingly and voluntarily accept these conditions.

Signature of Exhibitor (Parent MUST sign for riders under 18)

**HOLLYWOOD HILL SADDLE CLUB
COVID-19 RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, _____, acknowledge that I will be participating as a volunteer and/or participant in the HOLLYWOOD HILL SADDLE CLUB Event show/series for 2021 at the facility located at 15205 NE 172ND ST. WOODINVILLE, WA 98072.

I AM AWARE OF THE COVID-19 PANDEMIC AND RELATED GOVERNMENTAL ORDERS, DIRECTIVES AND GUIDELINES (COLLECTIVELY “DIRECTIVES”), INCLUDING DIRECTIVES FOR FREQUENT HAND WASHING, SOCIAL DISTANCING AND USE OF FACE MASKS IN PUBLIC LOCATIONS. I AM AWARE THAT THESE ACTIVITIES ARE OCCURRING IN A PUBLIC LOCATION DURING THE COVID-19 PANDEMIC AND ALSO POTENTIALLY INVOLVE LIVESTOCK AND ARE THEREFORE HAZARDOUS ACTIVITIES. I AM AWARE THAT I COULD BE INFECTED, SERIOUSLY INJURED OR EVEN DIE DUE TO COVID-19 OR DUE TO THE ACTIVITIES ON THE PREMISES INCLUDING BUT NOT LIMITED TO EXHIBITOR AND LIVESTOCK ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____
Parent or Guardian’s initials (if volunteer, staff or participant is under 18) _____

As consideration for being permitted to participate in these activities and use of the Facilities, I forever release the Governing Body, the State, the Department and any District affiliated organization, along with their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releases”) from any and all liabilities, causes of action, lawsuits, claims, demands, and damages of any kind whatsoever that I, my assignees, heirs, distributes, guardians, next of kin, spouse, or legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities (ii) the negligence or other acts of any Release, whether directly connected to these activities or not, however caused, or (iii) the condition of the premises where the activities occur, whether or not I am participating in the activities. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make claim, sue, or attach the property of any release in connections with any of the matters covered by the foregoing release. **I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND OF CONTRACT BETWEEN MYSELF AND THE HOLLYWOOD HILL SADDLE CLUB, THE STATE AND THE DEPARTMENT AND SIGN IT OF MY OWN FREE WILL.**

If you are under 18 years of age, you and your parent or guardian must sign and initial this form where indicated.

Parent/Releasor

Parent/Guardian

Print Name

Print Name

Signature

Date

Address

Address