

2016 STRIDE SCHOOLING SHOW SERIES – OMNIBUS ENTRY FORM

Use one entry form per Horse/Rider or Horse/Driver Combination

For office use only

Show date: _____

Horse's Name _____

DRIVERS: Horse _____ Pony _____ VSE _____

Height _____ Sex _____ Breed _____ Age or Year of Birth _____

Coggins Date _____

Class Fees: Members of STRIDE, Arredondo DS, and NFDA: Dressage: \$20, Versatility: \$20, Rider test \$10 Costume: \$5. US FUNDS drawn on US banks ONLY or Money Order For all classes, non-members add \$10 Add \$5 for NFDA EOY championship qualifying fee and write "Q" on Class Description .

Class Number	Class Description	Class Fee
	<i>Use back for more class entries</i>	
TOTAL CLASS FEES		\$

Rider's or Driver's Name:
Competition Status: Novice Rider _____ JR _____ AA _____ OPEN _____
Member of: STRIDE _____ Arredondo _____ NFDA _____ None _____
Are you an Amateur as defined in USEF-GR 1307-08? Yes _____ No _____
Address:
City _____ State _____ Zip _____
Home phone (_____) _____ - _____
Cell phone: (_____) _____ - _____
E-mail _____
Emergency contact phone #: (_____) _____ - _____
Trainer's name:

Stabling \$40 (may arrive at 2pm Saturday) Arrive Sat? _____ STABLING FEE NOW INCLUDES CLEANING.	\$
Stable with:	
_____ or Grounds Fee \$20	\$
Camper Fee (water &/or electric) \$25/day No hook-up \$15/day	\$
Sponsorship \$20 per class Class # _____ In name of: _____	\$
Non-Competing horse (must also pay grounds and office fees)	\$ 10
Office Fee	\$ 15
Late Fee \$20	\$
Subtract amount of STRIDE vouchers	(\$ _____)
TOTAL PAID WITH CHECK NUMBER	\$
2016 STRIDE Membership Fee. See application on page 13 or at www.stridedressage.org Separate Check Number _____	\$ <u>separate check</u>

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. Fla. Stat. §773.04(2) (1995)
Being aware of the inherent risks that naturally occur in any equine related activity, I/we hereby agree to assume all responsibility and risk from the use of riding and driving horses and facilities or lessons, practice or competition from any farm or facility used by STRIDE Dressage Club; and further agree to hold the owners of said farm or facility, club officials, teachers, trainers, volunteers or agents free from all damages or liabilities for any injury to persons or property arising as a result of the use, rental or lesson of said horses or equipment, or while staying at said farm or facility, or while engaging in club activities at said farm or facility. **Signature of Participant / Parent / Guardian** _____

Entry must include the following to be processed:

1. Check(s) made payable to STRIDE and/or STRIDE vouchers
 2. Copy of **2016 membership card** (or membership application & check)
 3. Copy of negative Coggins test (within 12 months of show date)
 4. Signed Florida Horse Park Liability Release Form
- ITEMS 2, 3 AND 4 WILL BE RETAINED BY SHOW SECRETARY FOR THE SHOW YEAR**

Send entries to:
Jennifer Bravick STRIDE Show Secretary
PO Box 46513, Tampa, FL 33646
(813) 714-0416
StrideSecretary@gmail.com



**FLORIDA AGRICULTURE & HORSE PARK AUTHORITY, INC.
COMPLETE RELEASE FROM LIABILITY IN CASE OF INJURY OR LOSS
WAIVER INDEMNITY AGREEMENT**

STRIDE Dressage 2016 Show Season

I/we understand that horseback riding and related activities, such as driving, eventing and jumping, are very dangerous and involve the risk of serious injury and/or death, and/or property damage, including injury and/or death to horses, spectators and others. Accordingly, I/we agree that any activity engaged in by me on the premises owned by the state of Florida, or related to horses or horseback riding, if on the premises, is done at my own risk.

Accordingly, I/we release and agree to hold harmless the state of Florida, the Florida Agriculture & Horse Park Authority along with its board of directors and employees, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees, promoters, sponsors, other horse riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called Releasees) from all liability for negligence or otherwise.

I/we assume full responsibility for the risk of bodily injury, illness, death of myself and/or my horse(s) and any property damage due to the negligence of Releasees or otherwise while on the premises owned by the state of Florida, the Florida Agriculture & Horse Park Authority along with it's board of directors and employees or heavily engaged in horseback riding-related activities, and/or while training, riding, competing, officiating, observing, volunteering, teaching, boarding, working for, or for any purpose relating to horseback riding, eventing or participating as rider or spectator in such activities.

I/we agree not to sue any Releasees, and I/we release and agree to indemnify for the Releasees from and for all liability for the undersigned, his/her person, representatives, assignees, heirs, and demands therefore on account of injury to her person or property, or death of undersigned whether caused by the negligence of the Releasees or otherwise.

I/we agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of this state where these activities are conducted, and if any part hereof is held invalid, it is agreed that the balance shall continue of full force and effect.

I/we have read and voluntarily signed the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreements have been made nor shall be made except by a written and signed addendum.

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.

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO ITS CONTENTS.

Print Name(s) Clearly: _____

Signed (must be 21 years of age): _____

Date of signature: _____

Florida Horse Park
Flhorsepark.com
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Office: 352-307-6699 Fax: 352-307-6799