

JUMP! across the Pond

ENTRY FORM



Saturday, July 5, 2014

Name of Horse:

Street/P.O. Box



Rider's Name: _

Mailing Address:

. PLEASE PRINT CLEARLY AND FILL OUT A <u>SEPARATE</u> ENTRY FORM FOR <u>EACH HORSE</u> 🗷

	1/91 /4 X2000 - 12 - 12 - 12 - 12 - 12 - 12 - 12
	Rider's Date of Birth:
7	Rider's Phone:
	Rider's Email:
•	Owner's Phone:
100	Owner's Email:

City, State, Zip

Name of Horse Owner:

Owner's Address:

City, State, Zip

Divisions are as follows:

Elementary – no jumps to exceed 18" in height
Baby Novice – jumps up to 2'
Beginner Novice – jumps up to 2' 6"

Novice – jumps up to 2' 11"

Training – jumps up to 3' 3"

Preliminary – jumps up to 3' 7"

All Jump! courses are a combination of stadium-style and cross-country jumps designed to be ridden at

appropriate division level speeds.

The day will start with Elementary and move up to Preliminary in order to facilitate riding at multiple levels and allow the option to practice moving up.

Riders are encouraged to enter multiple divisions, based on ability. A **lead horse** will be available!

Sharon will be on hand throughout the day to provide **course walks** at the start of each division and discuss best practices for both cross-country and stadium jumping.

Owner's Email:	F TAL			
Division	<u>First</u> <u>Round</u>	Repeat Round		Total Fee
(check all that apply for <u>this</u> horse)	\$85 each or \$75 if before 6/23/14	\$55 each or \$45 if before 6/23/14		each division
☐ Elementary				\$
Baby Novice				\$
Beginner Novice			ב ער	\$
Novice]	\$
☐ Training				\$
☐ Preliminary]	\$
TOTAL FEES				\$
RAFFLE TICKETS	1 for \$10	6 for \$50	15 for \$100	\$
GRAND TOTAL				Ś



JUMP! across the Pond **ENTRY FORM**

(CONTINUED)



Entries will be made on a first-received basis. Space is limited, so enter early.

DISCOUNTED FEES FOR ENTRIES POSTMARKED ON OR BEFORE 6/23/14

TUMP! Rules:

- Riders are required to wear ASTM/SEI approved helmets and cross-country vests, as well as boots or half-chaps, and appropriate riding clothes.
- All riders must participate as individuals and not as part of a team.
- Competitors must bring their own water, as there is limited water on the grounds.
- Competitors may warm up in the indoor arena.
- All rounds are timed and the rider closest to the optimum time with a clear round wins each division.
- First rounds only are scored; repeat rounds, if elected, must be on the same horse in the same division and are not scored.
- A clear round completed in the exact optimum time scores 0 points. Each second that a rider's time deviates, whether faster or slower, from the optimum time adds a point.
- Points will be added for faults as follows:
 - 20 points for refusal of any fence
 - 4 points for a rail or knockdown of any fence
- Riders who spend more than double the optimum time on course may, at the discretion of the organizers or ground jury, be asked to retire.
- There will be a bogey fence for each division, which the rider may choose to jump after the timed round is finished. Successful completion of the bogey fence will reduce the rider's score by 4 points.
- Ribbons awarded for First through Sixth places. Ties stand. Duplicate ribbons will be awarded.
- Negative Coggins required.

Great Raffle Prizes and Silent Auction including

Horse Trial entries, riding lessons, great stuff from Sharon's sponsors – and MORE!

NEW XC WATER COMPLEX!

Orange Spirit Award

given to the individual demonstrating the most team orange spirit!

OTHER INFO:

- EMT on site
- Food and beverages will be offered
- Dogs welcome, but must be leashed
- Rain date is Sunday, July 6, 2014

XC LEAD HORSE

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Please mail completed entry form, including release(s), check or money order made payable to Last Frontier Farm, and current Coggins certificate to:

> **Dale Clabaugh** P.O. Box 367 Walkersville, MD 21793

** DISCOUNTED FEES FOR ENTRIES POSTMARKED ON OR BEFORE 6/23/14 AND **ALL ENTRIES MUST BE POSTMARKED NO** LATER THAN 6/28/14 **

JUMP! across the Pond

(CONTINUED)



Participant's signature



Date Signed

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK

READ BEFORE SIGNING

In consideration of my voluntary participation in the activities at Last Frontier Farm, including Jump! across the Pond, I hereby acknowledge and agree that:

- The risk of injury from the activities involved in this program, including but not limited to being in the presence of, mounted on and/or leading a horse, may be significant; this risk includes the potential for permanent paralysis or death.
- I knowingly and freely assume all such risks, both known and unknown, even if those risks arise from the negligence of those persons released from liability below, and I assume full responsibility for my participation.
- I will comply with all rules, regulations, procedures, and practices of Last Frontier Farm and this program.
- I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Last Frontier Farm LLC, Sharon White, the owners of the premises of Last Frontier Farm, Last Frontier Farm's officers, trainers, assistants, staff members, judges, employees, agents, invitees, and volunteers with respect to any and all injury, disability, death, or loss of or damage to property, including the horse or horses that I compete at this event, whether such injury, loss, or damage is caused by the negligence of such persons or otherwise.
- I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Age

	The State of the S	THE SALE STREET	11
Signature of Owner/Agent	re-never ever extend	Date Signed	
FOR PARTICIPANTS UNDER AGE 18 AT	TIME OF ENTRY		
above release of liability and assumption above, and for myself, my heirs, assign Frontier Farm LLC, Sharon White, the cassistants, staff members, judges, emp	ion of risk agreement and ns, and next of kin. I here owners of the premises o oloyees, agents, invitees,	ibility for this participant, have read the do consent and agree to his/her releatly release and agree to indemnify and f Last Frontier Farm, Last Frontier Farm and volunteers with respect to any and, even if arising from the negligence of	se as provided hold harmless Last n's officers, trainers, d all liabilities
Parent/Guardian's Signature		Date Signed	



Release Form

For USEA Educational Activities & Schooling Shows

Home of the Horse Triathlon					
Name of Activity/Schoolin	ng Show: JUMP! 8	across the Pon	d	ISEA Area:	VIII
luly 6	1 201 /				
July 5 Date(s)to be held: (rain (o, 2014 date July 6, 2014	Locatio	n: Last Frontier Fa	<mark>rm</mark> State:	WV
I have applied to partic Conditions in this release and to t Equestrian Federation Rules for E	those set by the organizer		y. I agree that my participation of the control of	-	
I agree to wear protect Surpassing the ASTM/SEI standard that the USEA mandates that all r wearing of an approved medical a	ds with harness attached in cross	that meets standards o	<i>,</i> , , ,	. Equestrian R	•
an "equine activity" as defined by the dangers and conditions which may result in injury, harm or ever movements, smells, and unfamilia objects; and, the potential of a pafailing or inability to maintain con to hold harmless the activity orga conduct of this USEA educational damage, injury or illness to mysel	y applicable laws and is solon are an integral part of equin death to humans or other ar objects; persons or other articipant to act in a negligible over the animal. By participant, organizing committ activity and the owners of and to my property, include that the organizer of thing of safety or other attired	lely at my own risk. I un quine activities, includir er animals around or ne er animals; hazards rela- gent or unskilled manne participating in this activ- ee, officials, the USEA, of any property on whice uding the horse(s) whice is USEA educational active e and the conduct of rice	nderstand that my participating, but not limited to, the proper them; the unpredictabilities ated to surface and subsurfacer which may contribute to invity I agree to assume responsible. USEF, their officers, agents, the it is to be held, from all lial ch I may ride.	ion involves all opensity of equity of equine reacted conditions; injury to the pansibility for the employees and bility for neglighthis activity; to	uines to behave in ways which action to sounds, sudden collisions with other equines or rticipant or others, including use risks, and I release and agred the volunteers assisting in the gence resulting in accidents, a refuse any entry or application
the activity decined by the organi	izer to be improper or uns	ourc.			
THIS FORM MUST BE FILLED OL	JT COMPLETELY AND SIG	GNED IF YOU WISH TO	O PARTICIPATE IN THIS AC	TIVITY.	
Participant's Name (Please Prin	nt):				
Address:					
City:		State:		ZIP:	
Phone:	_Cell Phone:	Emergence	y Contact phone:		
Fax:	Email:				
Trainers Name (At this Event):			Phone:		
Number of horses I will be ridir	ng during activity (if app	licable):			
Level now riding (Check one if a	applicable):				
□ Beginner Novice □ Novice □ Check appropriate box:		iminary 🗆 Intern	nediate \Box Advanced		
	annale and a He				
□ I am a USEA member and my	number is #:		_		
□ I am <i>not</i> a USEA member					
□ I am not a USEA member. I wi	ish to join and enclose m	ny membership form a	and dues.		
□ Check here if participant is	under 18 years old.				

____Date:___

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)