

# 2021 CEC/USDF/CDA Schooling Show Entry Form

- Exhibitor must complete both pages of the form - **Entry + Release**
- Entries must be received, **with payment**, and Coggins, **no later than the Monday before the show.**
- Mail this form to: Competition Secretary
- 220 Talcott Hill Rd, Coventry, CT 06238
- or email to [athene@ctequestrian.com](mailto:athene@ctequestrian.com)

Tests Offered: 2019 USEF/USDF Intro - 4th,  
FEI TOC, Musical Freestyle TOC  
2017 Western Dressage TOC, USEF 2018 Eventing TOC

Entry Fees: Intro Tests - \$35. Training - 1st: \$40. 2nd - 4th - \$45. FEI - \$50. WD & Eventing - \$40  
Checks to Vincent Flores Dressage, LLC or Venmo to Vincent Flores @Vincent-Flores-7

Ride times will be posted on the CEC FB page no later than the Thursday before the show.

Eight Ribbons per class. Classes may be divided or combined. Year-end Awards - CEC, CDA, USDF

No Food Concession on the grounds. Mask-wearing is mandatory unless riding.

Date of Competition (all Sundays): Circle the appropriate date:  
4/18, 6/13, 7/18, 9/12

NAME OF HORSE: (One horse per entry please)

Class Description and Level	Status (Y/JR, AA, NP, O)	Class Fee
CEC Students only: Horse Lease Fee \$30		
CEC Students only: Trainer Fee \$30		
\$10 Grounds Use / Insurance Fee		\$10
TOTAL:		

USDF# \_\_\_\_\_ CDA # \_\_\_\_\_  
Must be provided in order to qualify for USDF / CDA Awards

RIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby enter into this agreement with Vincent Flores Dressage, LLC, whose address is 220 Talcott Hill Rd, Coventry CT 06238.

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT Vincent Flores Dressage LLC, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR Vincent Flores.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- \_ Bites, kicks, abrasions or contusions from horses.
- \_ Being thrown or bucked off by horses.
- \_ Scratches or other injury from stalls or enclosures.
- \_ Scratches or other injury from grooming tools and other equine equipment and tack.
- \_ Allergic reactions to animals, hay, or other allergens.
- \_ Tripping in holes or on materials or equipment.
- \_ Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

(Initial) \_\_\_\_\_

I hereby specifically forever waive and release Vincent Flores from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Vincent Flores

(Initial) \_\_\_\_\_

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent with Vincent Flores there will not be a nurse on the premises and Vincent Flores bears no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Vincent Flores from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation with Vincent Flores or any acts or omissions of Vincent Flores.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities with Vincent Flores without restriction, without liability to Vincent Flores, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

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

Participant's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_