



Spring 2016 Starter Horse Trial Entry Form

All three phases in an unrecognized/starter format.

Level	Jumping Efforts	Dressage Test	Entry Fee: Starter Trials	Entry Fee: Combined Test
Intro	18" - 2'	USDF 2015 Intro TEST A	\$110	\$55
Elementary	2' - 2'3"	USDF 2015 Intro TEST C	\$110	\$55
Beg. Novice	2'7"	USEF 2014 BN TEST B	\$110	\$55
Novice	2'11"	USEF 2014 Novice TEST B	\$110	\$55
Training	3'3"	USEF 2014 Training TEST B	\$110	\$55
Prelim/Training	3'7"	USEF 2014 Preliminary TEST A	\$110	\$55

Please check appropriate boxes on entry form below.
 Incomplete entries and late entries will be charged \$25 (see checklist on page 3).
 Incomplete entries WILL NOT BE SCHEDULED.

ALL paperwork+fees must be IN our hands by the closing date listed for each show; otherwise late fee applies.

- Entry by closing date **DOES NOT** guarantee acceptance. We often fill early.
- Scheduling requests must be submitted AT LEAST one week before an event. Not all requests can be fulfilled.
- Paper pinny numbers will be used. Bring your own pinny holders!
- **\$25.00 late fee will be charged after closing date.**
- **NO REFUNDS** after closing date. Before closing date, refund less \$25 office fee.
- **Competition Cancellation:** No refund. SJ rounds will replace Xctry phase due to bad weather or unsafe footing on xctry course.
- **Combined Tests:** ridden HC (no ribbons) unless there are 3 or more entries at the same level.
- **Extra Show Jumping Rounds, or SJ only** are \$20/round. (HC no ribbons)
- **Extra Cross Country Jumping Rounds** are \$50/round if paid in advance, \$60 day of. (HC - no ribbons)
- **Dressage Only:** indicate test in entry - \$35/round. (HC-no ribbons)
- No unauthorized motor vehicles of any kind allowed on course or near dressage area.
- **\$50 returned check fee.**
- **NO unleashed dogs. Unleashed dogs will incur \$100 fine and competitor elimination.**
- Ride times will be posted on the THURSDAY before the show at www.themarylandhorsetrials.com.
- Vet will be on call.
- Farrier will be on call.
- **Current Negative Coggins and Loch Moy Farm waiver required with entry form. WE DO NOT KEEP PAPERWORK ON FILE.**
- **Non-competing horse grounds fees:** \$25 per horse if day-only. \$50 per horse if stabling. Include coggins of non-compete horse with entry.
- **Wait List:** If the event is full, complete entries are given priority. Incomplete and unpaid entries will be bumped to the wait list and re-accepted if space allows, and pending completion.

[Event Clinic XC Schooling Pass Raffle: Submit Complete Registration via www.eventclinics.com to qualify for Raffle!!](#)

Mail address:

The Maryland Horse Trials
 1235 Park Mills Road Adamstown, MD 21710
 Phone (301) 514-0111 Fax 866-533-2125
www.themarylandhorsetrials.com

The
Maryland
Horse Trials
The Highlands at Loch Moy Farm

Enter online via www.eventclinics.com & attach your files- no membership required. Credit Card Processing Fee is automatically calculated- no need to add \$\$\$. See important checklist below!

WE DO NOT DO PAPERWORK ON SHOW DAY!!

ALL PAPERWORK and payment must be **received by us** by the Closing Date:

March 20 – Closes **March 7**

April 10 – Closes **March 28**

May 29 – Closes **May 16**

If your entry is incomplete it will not be scheduled. This includes ALL items on the checklist below.

Check List:

For a complete entry

- Complete** Entry form (above)
- Participant Agreement (below)
- Check payable to MDHT or credit card payment on website
- Current Negative Coggins

IMPORTANT:

YOUR RIDE WILL NOT BE SCHEDULED IF ANY OF THE ABOVE ITEMS ARE MISSING.

ALL INFORMATION (PAPERWORK AND PAYMENT) MUST BE IN HAND BY THE CLOSING DATE OF EACH EVENT OR \$25 LATE FEE MAY BE ASSESSED.

Entry by the closing date DOES NOT guarantee acceptance.

Complete Entries have priority. Incomplete entries WILL be waitlisted if the event fills.

The Maryland Horse Trials, LLC

At Loch Moy Farm, LLC

PARTICIPANT AGREEMENT: Assumption of Risk, Waiver of Liability, and Indemnification Agreement

Assumption of Inherent Risks: I understand and assume the inherent risks involved in equine activities, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding or being in close proximity to horses may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that "inherent risks of equine activities" shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface and subsurface objects;
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of a participant or spectator to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his/her ability.

Waiver of Liability: For the privilege of riding, handling, auditing, observing, and/or working around equines at the Maryland Horse Trials, LLC at Loch Moy Farm (hereinafter "MDHT") on the property of Carolyn Mackintosh and Loch Moy Farm, LLC (hereinafter "Loch Moy") today and on all future dates, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive, and discharge MDHT and Loch Moy, and its directors, managers, employees, volunteers, and agents from any liability or responsibility for accident, damage, injury, or illness to myself or any horse owned or leased by me or any horse not owned by Graham but used by me, or to any family member or spectator accompanying me while on the premises of Loch Moy resulting from the inherent risks of equine activities or from the ordinary negligence (active or passive) of MDHT or Loch Moy.

AND that except in the event of MDHT, Carolyn Mackintosh or Loch Moy's gross and willful negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against MDHT or Loch Moy for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me in relation to the premises and operations of Loch Moy, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of MDHT, Carolyn Mackintosh, or Loch Moy.

Indemnification: I also agree to hold harmless, defend, and indemnify Carolyn Mackintosh, MDHT and Loch Moy (including, but not limited to, costs associated with defending a suit, judgment, courts costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, or others arising from my injury or loss due to my participation as a rider, handler, or spectator.

I further agree to hold harmless, defend, and indemnify Carolyn Mackintosh, MDHT and Loch Moy against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation as a rider, handler, or spectator.

Acknowledgements, Assertions, and Agreements: I warrant that a full and fair disclosure of my equestrian handling and riding abilities have been made to MDHT, Loch Moy, and their agents. Further:

Health Status – I assert that I:

- Have fully disclosed any chronic conditions that could impair my ability to participate in equine activities and have provided a doctor's release permitting my participation (if applicable).
- Do not have any undisclosed chronic physical or mental conditions that would contra-indicate participation in equine activities.
- Possess sufficient physical fitness and skill to enable safe participation with, on, and around equines.

Emergency Care – I authorize or agree that MDHT or Loch Moy:

- May administer emergency first aid, CPR, and use an AED when deemed necessary.
- May secure emergency medical care or transportation (i.e., EMS) when deemed necessary.
- May share my medical history (if known) with emergency medical personnel when deemed necessary.
- And I shall assume all costs of emergency medical care and transportation provided on my behalf.

Rules & Safety Equipment – I agree:

- To abide by the rules and regulations established by MDHT and Loch Moy.
- To wear an SEI/ASTM approved riding helmet at all times while mounted on the horse, or warrant I understand the risk and danger of riding without a riding helmet and so choose not to wear a riding helmet. (NOTE: Riders under 18 yrs of age may not waive the use of a riding helmet.)
- To wear appropriate footwear at all times while on the premises of Loch Moy.
- To inform MDHT or Loch Moy immediately if I become aware of rider conduct or equipment condition that presents a danger to my self or others.
- That MDHT and Loch Moy will conduct all activities in good faith and may find it necessary to terminate my participation if it is determined that I am incapable of safely meeting the rigors of the activity. I accept MDHT and Loch Moy's right to take such actions for the safety of myself, other riders, and/or the horses.

Covenant not to Sue; Mediation; Venue; and Severability Clauses: I covenant not to sue Carolyn Mackintosh, MDHT or Loch Moy for any present or future claim arising directly or indirectly from my participation with equines at Loch Moy Farm. This includes claims resulting from the inherent risks of equine activities and the active or passive negligence of Carolyn Mackintosh, MDHT, or Loch Moy.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Maryland. Any action brought under this Agreement shall be brought within one (1) year of the incident or dispute giving rise to said claim. I further agree that *prior to litigation*, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equines and equine activities from a list acceptable to MDHT, Loch Moy, or Carolyn Mackintosh (whichever party is in dispute). Costs of mediation shall be shared equally by the parties. In the event of litigation, the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees.

I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Acknowledgement of Understanding: I understand this is a legal document and that I am signing this agreement freely and voluntarily. I understand I have the choice *not to participate* as a rider, handler, judge, assistant, volunteer, or spectator in the activity or event held at the facilities of Loch Moy Farm, and, therefore, not sign this agreement.

I have read this 2-page Participation Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue Loch Moy or MDHT, its clinicians, directors, managers, employees, volunteers, and agents for injuries or death resulting from the inherent risks of equine activities or the active or passive negligence of Loch Moy Farm or MDHT. I further acknowledge that I intend my signature to be a complete and unconditional release of all liability, including that due to ordinary negligence by Loch Moy Farm or MDHT, to the greatest extent allowed by the laws of Maryland.

Facsimile signatures shall be accepted as an original signature.

_____ Date

_____ Signature of Participant / Parent / Guardian
(must be at least 18yrs of age to sign) *

_____ If participant is a minor, print name here

_____ Printed Name of Signatory

_____ Date of Birth of Minor Participant

_____ Address

_____ Name of Emergency Contact Person

_____ City, State, Zip Code

_____ Telephone of Emergency Contact Person

_____ Telephone

_____ Email Address

_____ Email Address

* If Participant is a minor (less than 18 years of age), the parental or guardian signature indicates full understanding of the above terms and, as may be permitted by law, is waiving both the rights of the minor participant and the rights of the parent/guardian pursuant to this Agreement.

OFFICE USE:	
Received by: _____	Agent (Print Name)
MDHT, 1235 Park Mills Road, Adamstown, Maryland 21710	
<input type="checkbox"/> Clinic Participant	<input type="checkbox"/> Competition Participant
<input type="checkbox"/> Schooling Participant	<input type="checkbox"/> Spectator / Auditor
<input type="checkbox"/> Volunteer	
_____ Name of Clinic, Seminar, Program, etc.	