

Entry Form

Barn/Trainer: _____

Back #: _____

Rider Name: _____

Horse Name: _____

Address: _____

Phone: _____

Trainer: _____ Phone: _____

Signature: _____

(Please read waiver below. Must be 18 or older to sign)

BY SIGNING THIS AGREEMENT I/WE ACKNOWLEDGE AND AGREE TO ASSUME ALL RESPONSIBILITIES AND RISKS ASSOCIATED WITH MY OR MY CHILD'S PARTICIPATION IN HERITAGE HORSE SHOWS AND FURTHER AGREE TO HOLD HARMLESS COMPETITION MANAGEMENT, ITS EMPLOYEES, DIRECTORS, AGENTS, MEMBERS, AND THE CITY OF PLANTATION FROM ANY CLAIM WHATSOEVER FOR EXPENSE, LOSS, INJURY TO PERSON OR PROPERTY, OR SEATH OF ANY PERSON OR HORSE THAT MAY ARISE OUT OF OR IN CONNECTION WITH HERITAGE HORSE SHOW. I AM FURTHER WARNED THAT UNDER FLORIDA LAW, ANY EQUINE SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURIES TO, OR DEATH OF, A PARTICIPANT IN ANY EQUINE ACTIVITIES EFFECTIVE UNDER FLORIDA LAW. BE WARNED THAT RIDING HORSES/PONIES IN ANY EQUINE SPORT IS AN INHERENTLY DANGEROUS RISK TO THE RIDER AND/OR PROPERTY (SENATE BILL 1658-SECTION 91.1A). ALL JUNIOR RIDERS MUST WEAR REGULATION HELMETS AND CHIIN STRAPS MUST BE SECURELY FASTENED WHILE MOUNTED. ALL RIDERS MUST WEAR A HELMET WHILE JUMPING.

PAYMENT SCHEDULE

Hunter/Equitation Class Entry Fee @ \$20.00	X _____	_____
Jumper Ring Class Entry Fee @ \$23.00	X _____	_____
Hunter/Equitation Prepaid Entry Fee @ \$18.00	X _____	_____
Jumper Ring Class Prepaid Entry Fee @ \$21.00	X _____	_____
Addbacks @ \$35.00	X _____	_____
Classic #402, 403, 600, 700 @ \$50.00	X _____	_____
Classic #400, 401, 800, 900 @ \$90.00	X _____	_____
Non-Showing Fee @\$25.00		_____
Administration Fee		\$15.00
Schooling Fee		\$15.00
Membership @\$30.00 (Family \$50.00)		_____
Non-member Fee @\$10.00		_____
Stall Fee @ \$85.00	X _____	_____
Haul In Fee (No Stall) @ \$20.00	X _____	_____
Tack Stall Share Fee (\$100.00)	X _____	_____
Stall Watch @ \$5.00 per night	X _____	_____
Shavings @ \$9.00/bag	X _____	_____
Credit card processing fee @ 3%	X _____	_____

December 12-13, 2020

**Jim Brandon
Equestrian Center**

Please page 2 and 3.

Palm Beach County and
COVID-19 Liability
Waiver must be signed.

Saturday Classes

Sunday Classes

- We accept cash, check and credit cards. Credit card payments will include an additional charge.
- Must leave open check or credit card to obtain back number.
- All prepaid entries close Friday, one week prior to the show. Please mail entries to the address below.
- Unpaid bills will be charged a \$25.00 service fee.

Make checks payable to:

Heritage Equestrian Prod.

11351 NW 23rd Street Plantation, FL 33323

Lauren: (954) 448-5492

Butch: (954) 347-1799

Email: Heritagehorsesho@aol.com

www.HeritageHorseShow.com

Note: USDA requires negative coggins report to be with horse at all times.



SUBTOTAL: _____ **Less Winnings:** _____

TOTAL: _____

Palm Beach County Waiver. All minors must have parent or legal guardian sign.

I, the participant, parent or legal guardian of a participant, agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liabilities, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my participation in this program or from emergency medical care. I hereby assume the risk of participation in this program and agree to hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expense, losses, costs, fines, damages, or causes of action of every kind and character, including attorney's fees and costs whether at trial or appellate levels or otherwise, due to their acts, errors, or omissions resulting in bodily injury, including death, or damage to me or my property incident to or in connection with my participation in this program.

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

Participant Name (Printed)

Date

Signature of Participant or Parent/Legal Guardian

Name of Parent or Legal Guardian (Printed)

PAYMENT

It is recommended to do credit card payment for contactless check out. No credit card information is saved after show and all information is destroyed after payment is processed. You can text (preferred) or call (954) 448-5492 to close out.

Please choose form of payment. _____ **Credit Card** _____ **Check** _____ **Cash**

If paying with credit card, please complete the following information. Checks and cash may be attached to the entry form.

Card number: _____ Expiration date: _____ CVV: _____

Billing Zip code: _____ Signature: _____

Phone number or email address to send receipt: _____

COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Heritage Equestrian Productions, LLC (the "Organization") adheres to comply.

In consideration of my participation in the foregoing event, the undersigned acknowledge and agree to the following:

- I am aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.
- I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.
- I agree to wear a mask and social distance throughout my participation of the event. Masks are to be worn unless on horseback during competition. Social distance efforts should be made as much as possible including but not limited to barn areas, wash racks, schooling rings, concession stand, show office, in-gate area, show rings, restrooms and haul-in areas.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

Participant Name (Printed)

Date

Signature of Participant or Parent/Legal Guardian

Name of Parent or Legal Guardian (Printed)