

Entry # _____

Gleneayre Hunter Series

Trainer _____

Class Numbers	Name of Horse / Pony	Size	Name of Rider	Entry Fee

T.I.P. Registration
Horse's Registered Jockey Club Name
T.I.P.#

Entries close 4 days before the show.

Please mail entries with payment to: Suzanne Auletto, 1190 Old Indian Mills Rd, Tabernacle, NJ 08088

RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition (Gleneayre Horse Show) to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death ("Harm").

I AGREE to release the Competition, Gleneayre Equestrian Program, the Competition Committee, Gleneayre Farms, Inc., Antonio Spagoli Trust, and Ellen J. Healey individually.

I AGREE to expressly assume all risks of Harm to me or my horse, including, Harm resulting from the negligence of the Competition or the above named persons individually, and to hold them harmless with the respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the Competition Rules about protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that Competition Committee, Gleneayre Farms, Inc., Antonio Spagoli Trust, and Gleneayre Equestrian Program as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I represent that I have the requisite training, coaching and abilities to safely compete in this Competition.

I AGREE to wear ASTM/SEI headgear at all times while mounted.

BY SIGNING BELOW, I AGREE to be bound by all terms and provisions of this entry blank.

Signature _____
 (Parent/ Guardian must sign if rider is under 18)

Name: _____ Phone: _____

Mailing Address: _____ Email Address: _____

WARNING

I enclose herewith my registration, which is made, at my own risk. I understand that show manager, Suzanne Auletto or property owner, Gleneayre Farm do not accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders employees, attendants, spectators or any person or property whatsoever in connection with this activity.

Under NJ law, an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities, pursuant to P.L. 1997, c. 287, c:5:15-1 ET Seq.

A participant shall submit a written report to the operator setting forth the details of any accident or incident as soon as possible, but in no event longer than 180 days from the time of the accident or incident.

Office Fee	\$40
Schooling Fee	
EMT Fee	
Classes ___ x \$25	
M&S Class(es) _____ x \$42	
Payment must be received 4 days before the show. Mail checks or pay online via Venmo: @SuzanneAuletto	
Total	
___ Paid Cash: Amt _____	
___ Paid Check Amt _____ Ck # _____	

**NOTE: Entry must be signed to pick up number.
Look for Point Standing on our website
www.coursesbydesign.com**

Courses By Design Competition Entrance Affidavit

By signing this form, I hereby agree to the 2020 COVID-19 Policy and Rules for Gleneayre Farm and Courses By Design Horse Shows. I also certify that I am following the protocols of the USEF COVID-19 Action Plan, specifically the mandatory requirements for Participants. In doing so:

- I have self-monitored my temperature daily for the last two weeks prior to entering the competition grounds and have maintained a temperature below 99.5° F (37.5° C).
- I have not exhibited COVID-19 symptoms as described by the CDC in the last two weeks.
- I have not tested positive for COVID-19 within the last two weeks.
- I have not been in contact with someone who has tested positive for COVID-19 within the last two weeks. (Exception: Healthcare personnel who have treated patients using appropriate medical-grade PPE during the course of performing professional duties are exempted from this restriction)
- I understand and agree that it is my responsibility to wear a facemask or face covering when in a public setting where there is a possibility of being within six feet of another individual, and when not mounted on a horse.
- I will self-monitor my own temperature every morning prior to leaving for the show grounds.
- If I should begin to experience any symptoms of COVID-19 or exhibit a temperature of 99.5°F (37.5°C) or above after my initial entrance onto the show grounds, I will immediately notify Courses By Design management and seek medical help.
- If I should begin to experience any symptoms of COVID-19 or exhibit a temperature of 99.5°F (37.5°C) or above within 14 days of leaving the competition, I will notify Coursesy By Design management and immediately seek medical help.
- If I am diagnosed with COVID-19 after arriving at a competition or within 14 days of leaving the competition, I will notify management so specific steps can be made to quarantine others that may have been affected prior to that diagnosis.
- I understand that I am required to provide a valid cell phone number and email address so I will receive all notifications from the competition.

Name of Participant: _____

Name of Parent/Guardian if Participant is a Minor: _____

Name of Trainer: _____

Notification Information

Cell Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Cell Phone Number: _____

Participant Signature: _____ Date: _____

(Parent/Guardian if Participant is a Minor)

If participant is a Trainer, you must initial below:

I understand that I am responsible for my staff and clients. I will make sure that I am using knowledgeable professionals that understand all COVID-19 protocols and risks.

(initials) _____