



Dressage & CT Show
Saturday, May 29, 2021
Cross Winds Farm
8905 S. Grant Hwy. (Rt. 20)
Marengo, IL 60152
815.923.7400 • 815.923.2372 Fax

This show follows USEF COVID-19 Action Plan Guidelines. All entries must be done online at EqEntries.com You can upload and attach your Coggins and Vaccination records to your online entry or e-mail these 2 documents to the Secretary. No paper entries will be accepted for this show. Do not mail entries to the Manager or Secretary. Thank you for understanding during the pandemic. We want you safe.

Judge: Lydia Gray

Closing Date: May 25, 2021

Manager: Kelly Watson
Cross Winds Farm
8905 S. Grant Hwy
Marengo, IL 60152

Show Secretary:

Debbie Garris
P.O. Box 887
Grayslake, IL 60030
312.401.1157 Mobile • 847.367.8016 Fax
DGarris@HorseShowSolutions.com

Dressage Tests

The following classes will be divided into Adult Amateur, Jr/YR and Open.

2020 IDCTA Tests

Green as Grass Test 1
Green as Grass Test 2
Green as Grass Test 3

2019 USDF Tests

Intro Test A
Intro Test B
Intro Test C

2019 USEF Tests

Training Level Test 1
Training Level Test 2
Training Level Test 3

2019 USEF Tests

First Level Test 1
First Level Test 2
First Level Test 3

Test of Choice: Second Level and up or any Eventing Dressage test. State test to be ridden. For above dressage tests, visit IDCTA.org.

IDCTA Entry Waiver & COVID-19 Waiver can be found on the attached pages and uploaded with your online entry or emailed to the Secretary.

Combined Tests

Pre Starter

USDF 2019 Intro B Dressage Test
8 to 10 Xs not to exceed 18"

Starter Novice

2018 USEF Beg. Novice Test A
8 to 14 jumps not to exceed 2'

Beginner Novice

2018 USEF Beg. Novice Test A
8 to 14 jumps not to exceed 2'7"

Novice

2018 USEF Novice Test A
8 to 14 jumps not to exceed 2'11"

Blue Ribbon Stadium Round

Second chance to ride the Stadium course. Complete the course within the time allowed for a Blue Ribbon!

Must be ridden **after** CT Stadium round.

FEES

- \$25 per Dressage Class or Blue Ribbon Stadium Round
- \$50 per CT Class
- \$17 Office Fee
- \$85 Vinyl Stall with door (**includes 1 bag of shavings**)
- \$40 Trailer-in Fee
- \$ 9 Bale of Compressed Shavings
- \$50 Returned Check Fee
- **Online entries accepted at HorseShowSolutions.com, see the Prize List & Show Info page to enter show or visit EqEntries.com directly. Credit cards accepted with online entries only.**

MISCELLANEOUS

- Stalls available after 2 p.m. on Friday. Schooling in show rings 2 pm to 7 pm.
- Negative coggins & proof of Flu/Rhino Vaccine within 6 months required with entry.
- Show rings and warm-up ring have all-weather footing.
- All dressage tests in a Standard Arena.
- No Smoking in or near any building!
- Food will be available at show grounds.
- All dogs must be leashed and attended. Please leave dogs at home if possible.

DIRECTIONS

8905 S. Grant Hwy, Marengo, IL 60152
I-90 North to Route 20 Exit - turn left (south). Cross Winds Farm is 3.5 miles on the left, just past the Blackstone subdivision.

See next pages for IDCTA Entry Waiver and COVID-19 Waiver —————>

**IDCTA RELEASE, WAIVER, HOLD HARMLESS, AND
INDEMNIFICATION AGREEMENT (“Agreement”)**

I, as a rider, auditor, spectator, groom, volunteer, sponsor, trainer, or other attendee of this event, (“Participant” or “I”), on my own behalf, (or if as the Parent/Legal Guardian of a minor Participant, on my own behalf and on behalf of the minor Participant), understand, accept, and assume the risks of engaging in equine activities, including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the Participant, (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals, and (iii) the hazards of surface or subsurface conditions. I agree at all times to be responsible for my personal safety, remain financially responsible for my medical expenses, and waive my right to any claim against IDCTA, its sponsor(s), instructor(s), and/or auditors, and IDCTA agents, affiliates, volunteers, independent contractors, employees, directors, officers, Board of Directors, and committee or other members and competition management and their officials, employees, and volunteers as well as the owners, occupiers, landlords, tenants, licensees, licensors, beneficiaries, and any others with an interest in the facility where any part of the event takes place (collectively “IDCTA”), arising from my participation in, or observation of, this equine activity. I agree to release, hold harmless, and indemnify IDCTA for any illness, injury, death, damage, cost or other loss incurred whether by a dangerous latent condition, negligence or otherwise.

By signing below, I certify that I have read this entire Agreement, acknowledge that the proper Warning Sign has been posted, and understand, agree and intend to be bound by all of the terms and conditions contained in this IDCTA Release, Waiver, Hold Harmless, and Indemnification Agreement.

I further represent that I and the horse entered are eligible as entered. I also agree to be bound by the rules of the competition.

“WARNING: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.” (Senate Bill 240-IL)

A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481(1)(E) of the Wisconsin Statutes.

This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois. All disputes relating to the interpretation and enforcement of this Agreement shall be resolved exclusively by the state court in Lake County, Illinois. The parties hereto hereby submit to the jurisdiction and venue of the Court for such purpose. Participant agrees that any and all claims and/or causes of action, for injury, death, property damage, or other claims or losses by Participant, on his/her own behalf and/or on behalf of a minor Participant, against IDCTA, must be brought within one (1) year of the date they accrue.

Rider’s/Handler’s Signature
(Parent or Guardian if under 18 years of age)

Print Name

Horse’s Owner’s Signature

Print Name

**RELEASE, WAIVER, HOLD HARMLESS, ASSUMPTION OF RISK, DEFEND AND INDEMNIFY AGREEMENT
FOR INFECTIOUS DISEASES INCLUDING COVID-19 RELATED LOSS**

WARNING: IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF ILLNESS, INJURY, OR DEATH (collectively "Loss") ARISING OUT OF YOUR PRESENCE AT THE FACILITY SPECIFICALLY RELATED TO COVID-19 OR ANY OF ITS MUTATIONS, FORMS, DERIVATIVES, OR OTHER INFECTIOUS DISEASES (collectively "COVID-19").

I, the undersigned, hereby enter into this Release, Waiver, Hold Harmless, Assumption of Risk, Defend, and Indemnify Agreement for Infectious Diseases Including COVID-19 Related Loss ("**Agreement**") in consideration of my, and my minor child if applicable (collectively "**I**", "**me**", or "**my**"), ability and permission to access, utilize, occupy, visit, attend, or otherwise be present at or participate in an Illinois Dressage and Combined Training Association ("**IDCTA**") sponsored, hosted, organized or in any other manner IDCTA affiliated, event or activity (collectively "**the Event**") during and after the COVID-19 pandemic, for any reason, whether or not related to equines or equine activities.

1. Risk of Loss/Protective Measures/No Guarantee: By signing this Agreement, I hereby acknowledge that I have familiarized myself with the risk of Loss being present at the Event for any reason whatsoever and the protective measures at the Event intended to minimize my risk of exposure to COVID-19. I agree the protective measures are satisfactory and sufficient for me to accept and assume the risk of my COVID-19 exposure resulting from accessing, utilizing, occupying, visiting, attending, or otherwise being at the Event attended by other individuals; however, I understand and agree that Released Parties cannot guarantee: (a) the protective measures can or will prevent my exposure to COVID-19; (b) will be complied with by all individuals at the Event; or (c) that others will not act in a negligent manner that may contribute to my Loss or contraction of COVID-19. I agree to fully comply with all protective measures required by IDCTA or the Event as they now exist or may be revised from time-to-time. I accept full responsibility for my own safety and the sanitization of myself and my personal property and/or other personal property I contact at the Event. If I am a parent or legal guardian of a minor individual at the Event, I consent to the minor's presence at the Event and agree to remain responsible for the minor's Loss and minor's compliance with all required protective measures.

2. Medical Attention/Disclosure: I understand and agree that engaging in equine activities or merely being at the Event exposes me to inherent risks of personal injury that may require medical attention including, but not limited to, first aid and/or emergency medical care. I therefore consent to personal contact by Released Parties and/or medical personnel deemed necessary for providing for my care at the Event and/or the hospital, even at the risk of my COVID-19 exposure. I agree to hold Released Parties harmless for such medical attention and any Loss directly or indirectly resulting therefrom. I agree that in the event I am diagnosed as infected with COVID-19, I authorize medical personnel to provide the IDCTA information regarding my Loss and treatment for contact tracing or any other purpose.

3. Release/Hold Harmless/Defend/Indemnify: I agree to release, hold harmless, defend, and indemnify the Illinois Dressage and Combined Training Association, and its related entities, agents, successors, assigns, instructors, trainers, employees, volunteers, independent contractors, working students, assistants, sponsors, guests, visitors, members, managers, officers, directors, owners, and each of their respective heirs, beneficiaries, relatives, and any others acting on their behalf (collectively "**Released Parties**") from and against any liability, attorneys' fees, costs, or other Loss I may incur arising out of or in any way connected with my exposure to or contraction of COVID-19 as a direct or indirect result of my presence at the Event whether by my negligence or the negligence or other wrong doing of Released Parties (other than willful and wanton or intentional misconduct).

4. Bound Parties/Governing Law/Jury/No Expiration/Time Limitations/Severability/Modification: I understand and agree the terms of this Agreement are binding on my spouse, partner, family members, minor child, heirs, agents, trustees, beneficiaries, representatives, relatives, successors, and assigns and I agree to all the terms and conditions of this Agreement on my own behalf and on behalf of my minor for purposes of permitting our presence at the Event. In the event of a claim or dispute arising out of or relating to the interpretation or enforcement of this Agreement, I agree Illinois law applies, that all disputes surviving this Agreement must be resolved exclusively by the state court in Lake County, Illinois, even if the Event takes place in the state of Wisconsin, and I waive my right to a jury trial. I agree that this Agreement does not expire and that any surviving claims must be brought within one (1) year of the date accrued. If any provision of this Agreement is deemed invalid or unenforceable, the remaining provisions shall be valid and enforceable to the fullest extent of the law. This Agreement can only be modified in writing signed by myself and the IDCTA President.

WARNING

BEFORE SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION CONTAINED THEREIN. I ACKNOWLEDGE THAT I DO NOT NEED ANY FURTHER EXPLANATION OF ITS CONTENTS AND WAIVE ANY FURTHER EXPLANATION. I HAVE VOLUNTARILY AGREED TO ITS TERMS AND PROVISIONS, UNDERSTAND AND AGREE THAT I HAVE OTHER FACILITIES TO CHOSE FROM, AND AGREE THAT NO OTHER STATEMENT, REPRESENTATIONS OR INDUCEMENT, APART FROM WHAT IS STATED IN THIS AGREEMENT, HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT AND MY SIGNATURE.

Date: _____ Printed Name: _____

Signature: (on my own behalf and on behalf of minor, if applicable): _____

Address: _____

Phone: _____ E-mail: _____

Emergency Contact (name and phone #): _____