



SEC COMBINED DRIVING EVENT MAY 8-10, 2020

Entries open April 1 and close April 26, 2020

FEE SUMMARY PAGE

Incomplete entry forms and incorrect checks will not be accepted. Please be vigilant when submitting your entries!

DRIVER: _____ OWNER: _____

HORSE(S): _____

ENTRY FEES

Table with 4 columns: Fee Name, Amount, Notes, and Total. Rows include CDE Training Entry Fee, CDE Preliminary, CDE Intermediate, CDE Intermediate II, CT All Levels, Stabling Fee, Tack Stalls, Extra Shavings, ADS Competition Fee, ADS Non-Member Fee, and California Drug Fee.

CAMPING

Table with 4 columns: Fee Name, Amount, Notes, and Total. Rows include Camping Fee, Dry Camping, and Additional nights.

DINNERS & OTHER

Table with 4 columns: Item Name, Price, Qty, and Total. Rows include Friday Competitor's Briefing (Pizza), Saturday night wine & cheese, and Mothers Day Brunch.

CLASS/DIVISION SPONSORSHIP: \$100 (Choose: Tr / Prelim / Int / Int II / Combined Test) \$ _____

For more advertising and/or sponsor information visit "Sponsor Information" page on website http://www.sargentcde.com/sponsors.html

TOTAL FEES ENCLOSED: \$ _____

Mail to: SECDE c/o Show Secretary, Catherine Nahmens, PO Box 1222, Lockeford, CA 95237 (contact at spyrocked@yahoo.com)

Special needs or requests:

CHECKLIST (please review carefully and be sure you have all boxes checked to help out our secretary):

- 2020 ADS CDE Entry Form and Disclaimer*
Check (total fees payable to Sargent Equestrian Center)
Announcer's Form
Negative Coggins Test (out-of-state horses)
SEC Liability Release (one for driver & one for each groom(s))
Copy of current ADS members card
Documentation of vaccinations per ADS Rule 6.3
Mail check to: Catherine Nahmens PO Box 1222, CA 95237

*ADS Forms can be downloaded from the website http://www.americandrivingsociety.org



ANNOUNCER FORM

ENTRY NUMBER

Please print clearly and use big letters!

Name of Competitor:	City:
Owner (if different):	
Division/Class:	
Make and Model or Type of Carriage - Dressage/Cones:	
Marathon:	
How long have you participated in CDEs?	
What got you started competing in CDEs?	

NAME OF EQUINE(S)	HEIGHT	BREED	AGE	COLOR	GENDER

Any special stories about your equine(s)?

Name of Groom/Navigator:	City:
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Any special stories about your groom/navigator?

Anything else?

Sargent Equestrian Center USE AGREEMENT and LIABILITY RELEASE (PLEASE READ CAREFULLY)

This agreement, dated [redacted] is made between Sargent Estates and/or Sargent Equestrian Center LLC, a California corporation ("SEC"), and [redacted] (print your name).

WHEREAS, I understand and acknowledge that activities involving horses ("Equine Activities"), including but not limited to the mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the participant in such activity as well as to the person or property of others; and **WHEREAS**, I understand and recognize and warrant that this Release, Waiver of Liability and Indemnity Agreement ("Release") is being voluntarily and intentionally signed and agreed to, and that in signing this Release I know and understand that this Release may further limit the liability of equine professionals to include any activity, whatsoever, involving horses, including death, personal injury and/or damage to property. **NOW THEREFORE**, in consideration of being granted access and/or use of the facilities of SEC and for other good and valuable consideration, receipt of which is hereby acknowledged, I agree as follows:

1. Assumption of the Risk. I hereby assume full responsibility for, and risk of, any death or bodily injury to myself or others (including, but not limited to, those matters set forth in the above recitals) and damage to or destruction of my property or the property of others, caused by my engaging in any Equine Activity either on the premises of SEC or elsewhere while working with an SEC equine professional, unless such bodily injury or property damage is attributable in full or in part to the gross negligence of SEC. My responsibility includes, but is not limited to, payment of (i) medical costs for myself and others that I may have injured, (ii) costs to replace my own property or the property of others that I may have lost, destroyed, or damaged, and (iii) damages for other non-medical and non-property items such as pain and suffering and lost wages, etc.

2. Release, Waiver of Liability, and Discharge of Claims. (a) I hereby release, waive, and discharge any and all claims that I may now or in the future have for damages against SEC, including its owners, occupants, tenants, subtenants, licensees, employees, officers, directors, or agents and the respective affiliated entities or persons of any one or more of them, arising directly or indirectly from my death, the death of any other person, bodily injury to me or others, or damage to my property or that of others, attributable to my engaging in Equine Activities, or my presence on SEC's premises. (b) I acknowledge that SEC requires me to wear approved headgear. SEC requires a minor (under 18 years of age), to wear such headgear at all times when riding or driving horses. I understand and acknowledge that the risk of head injuries and death are significantly reduced by wearing appropriate headgear. I hereby release, waive, and discharge SEC, including its owners, occupants, tenants, subtenants, licensees, employees, officers, directors, or agents and the respective affiliated entities or persons of any one or more of them, against any and all claims that I may now or in the future have for damages resulting from my failure to wear headgear while riding either on SEC's premises or at an offsite facility. (c) This release is intended to release, waive and discharge, in advance, SEC, together with its owners, occupants, tenants, subtenants, employees, officers, directors and their respective affiliates or persons of any one or more of them, from and against any liability arising out of or connected in any way with my or my guests or invitees engaging in any Equine Activities on the SEC premises or in any activity in which an SEC representative is required to attend on my behalf, and/or my or my guests or invitees presence on the SEC premises, even though such liability may be attributable, in full or in part, to the negligence, recklessness or misconduct of one or more of such persons or entities. (d) Medical Authority. I, (participant, or if minor, parents/guardians) hereby grant permission and authority to SEC, its officers and authorized employees to act for me in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the person named above in the event of any perceived medical emergency. I hereby covenant and agree to release SEC its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them, and hold harmless from liability connected with obtaining prompt medical attention for the person named above. (e) In accordance with such release, waiver, and discharge, and in consideration of being allowed to utilize and/or visit the SEC facilities, I promise not to sue or demand any money or anything else of value from SEC, including any of its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them. **3. Indemnification.** I agree to completely indemnify and hold harmless SEC, including any of its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them, from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including attorney's fees, which are occasioned by, or otherwise attributable to, matters for which I have assumed the risk and for which I am responsible in accordance with Section 1 hereof, and for any actions brought by my guests or invitees. **4. Binding Nature of Agreement.** I agree that this Agreement shall be binding on my personal representatives, heirs and assigns. **5. Governing Law.** This Agreement shall be governed by, and construed in accordance with, the internal substantive laws of the State of California, without regard to the choice of law rules thereof. I hereby submit to the personal jurisdiction of the State of California. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in San Joaquin County, California. **6. Severability.** In the event that any provision of this Agreement shall be void or unenforceable for any reason, then such provision shall be stricken and of no force and effect. The remaining provisions of this Agreement, however, shall continue in full force and effect, and to the extent required, shall be modified to preserve their validity.

I AKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE RELEASE OF LIABILITY AND ACCEPTANCE OF RESPONSIBILITY.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	DATE
[redacted]	[redacted]	[redacted]

MINORS:

The undersigned declares that the undersigned is the parent or legal guardian of the minor named above. The undersigned has read the foregoing Release, Waiver of Liability and Indemnity Agreement, and in consideration of SEC allowing the below named minor onto its premises and/or allowing such minor to participate in Equine Activities, hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor. If under 18, signature of both parents (if applicable) and/or guardian is required.

PRINT NAME OF PARTICIPANT'S PARENT OR LEGAL GUARDIAN OR LEGAL GUARDIAN	SIGNATURE OF PARTICIPANT'S PARENT	DATE
[redacted]	[redacted]	[redacted]