



**2021 FALL CDE**  
**Dressage & Cones**  
**CT ENTRY FORM**

Name (driver): \_\_\_\_\_  
 Name (horse owner): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 e-Mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Navigator/Groom: \_\_\_\_\_

**DATES:** **CDE**  
**September 10th & 12th**

LEVEL: CLASS: DIVISION:  
 Training  VSE  Single  
 Preliminary  Sm. Pony  Pair  
 Intermediate  Pony  Four-In-Hand  
 Inter Hybrid  Horse

Name of Horse(s):	Height	Breed	Age	Color	Gender

**ENTRY CHECKLIST**

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

- \_\_\_\_\_ 2021 ADS CDE Entry Form and Disclaimer\*
- \_\_\_\_\_ SEC Entryform
- \_\_\_\_\_ SEC Fee Summary page
- \_\_\_\_\_ SEC COVID Liability Release (one for driver, one for each groom(s) & one per additional member of your group)
- \_\_\_\_\_ Check (total fees payable to Sargent Equestrian Center)
- \_\_\_\_\_ Copy of *current* ADS members card
- \_\_\_\_\_ Announcer's Form
- \_\_\_\_\_ Documentation of vaccinations per ADS Rule 6.3
- \_\_\_\_\_ Negative Coggins Test (out-of-state horses)
- \_\_\_\_\_ ADS Dispensation Card (if applicable)

**ENTRIES OPEN:** August 13th , 2021  
**ENTRIES CLOSE:** August, 27th 2021  
 Post entries accepted (with \$50 fee), space permitting .  
 Drivers meeting Thursday 7 pm  
 Event Starts — 9am Fri-Sun (*8am if heatwave*)

Arrival Date/Time: \_\_\_\_\_  
 Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CANCELLATION POLICY** 100% refund before closing date. After closing date, stall fee \$150.  
**POST ENTRY FEE** additional \$50 after close of entries, space permitting.  
**Only postmarked entries accepted.**

Please mail completed Entry Form and check payable to Sargent Equestrian Center:  
**SARGENT EQUESTRIAN CENTER**  
 Fall CDE 2021  
 15757 E. Sargent Rd.  
 Lodi, CA 95240



SE FALL CDE SEPTEMBER 10-12, 2021

CT FEE SUMMARY PAGE

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

DRIVER: \_\_\_\_\_

ENTRY FEES

Table with 4 columns: Fee Name, Base Price, Additional Info, and Amount. Rows include CDE Training, CDE Preliminary, CDE Intermediate, CDE Intermediate II, CT Training & Preliminary, CT Intermediate & Intermediate Hybrid, Stabling Fee, Tack Stalls, Extra Shavings, ADS Competition Fee, ADS Non-Member Fee, and California Drug Fee.

CAMPING

Table with 4 columns: Fee Name, Base Price, Additional Info, and Amount. Rows include Camping Fee, Additional nights, Dry Camping, and Additional nights.

SPONSORSHIPS:

Division: \$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

Volunteer Lunch: (any amount welcome and greatly appreciated!) \$\_\_\_\_\_

## **Special requests regarding shared equipment and navigators & ADS dispensations**

Competitors and/or Navigators, or any combination thereof, may go a MAXIMUM of two times on course/day, schedule permitting. As a driver, if you drive two turn-outs in the same division, one must be HC, to be indicated on the entryform. Depending on the number of entries and the divisions entered it may not be possible to share equipment or grooms. We will do our best to accommodate.

**Do you have more than one entry?                    YES   NO**

**Are you sharing equipment?                        YES   NO**

**If YES, with whom?** \_\_\_\_\_

**Are you sharing a groom/navigator?            YES   NO**

**If YES, with whom?** \_\_\_\_\_

Indicate any other special requests on your entry form under other information.

**Do you have a dispensation from the ADS, please attach a copy to your entry and describe below what it allows:**

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# ANNOUNCER FORM

A completely filled  
out announcers form  
is entered in to our  
announcers form  
raffle!

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:
Any special stories about your groom/navigator?	
Anything else?	



# ADS COMBINED DRIVING EVENT ENTRY FORM AND DISCLAIMER

This form is for ADS recognized competitions only. Both pages of this form must be completed and sent to the competition for entry. This form may be printed and then handwritten OR electronically filled in and saved to your computer using Adobe Reader 8.0 or newer. This form is located on [www.americandrivingsociety.org](http://www.americandrivingsociety.org) THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND WHERE IT IS NOT APPLICABLE, N/A SHOULD BE INSERTED.

**COMPETITION NAME:** \_\_\_\_\_ **COMP. DATE:** \_\_\_\_\_

NAME OF DRIVER: \_\_\_\_\_ ADS#: \_\_\_\_\_ JR D.O.B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DIVISION: \_\_\_\_\_ CLASS: (ie Single Horse): \_\_\_\_\_ LIMITED or OPEN (if offered): \_\_\_\_\_

Competitive Experience: (list competitions that qualify you for the level you are entering) \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAVIGATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Wheel width for carriage used in competition **A** (dressage) & **C** (cones): \_\_\_\_\_ cm

\*Wheel width for carriage used in competition **B** (marathon/obstacles): \_\_\_\_\_ cm

*\* Article: 918.1.5 The Track Width of all Vehicles is measured at ground level on the widest part of the rear wheels.*

**List Essential Personnel here:**

**Name/Contact:** \_\_\_\_\_

**Name/Contact:** \_\_\_\_\_

**Name/Contact:** \_\_\_\_\_

**Name/Contact:** \_\_\_\_\_

Please download the Updated ADS Disclaimer here, fill and sign. <https://tinyurl.com/ADS-Updated-Disclaimer>

Approx. arrival time: \_\_\_\_\_ # of stalls needed: \_\_\_\_\_

Please stable near: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

Truck/Trailer Length: \_\_\_\_\_

NAME OF HORSE/PONY	Birth Yr	HEIGHT cm	SEX	COLOR	BREED

Entry Fee: \_\_\_\_\_ Camping Fees: \_\_\_\_\_

Stabling Fee: \_\_\_\_\_ \* Driver Non-ADS Member Fee \$30: \_\_\_\_\_

Rental Fees: \_\_\_\_\_ Event Sponsorship: \_\_\_\_\_

Comp. Party: \_\_\_\_\_ Other Fees: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

*Separate Checks*

Stall Deposit: \_\_\_\_\_

Other: \_\_\_\_\_

Participant Name:



The American Driving Society, Inc. DISCLAIMER and HOLD HARMLESS AGREEMENT

Name and Date of Competition: \_\_\_\_\_ hereinafter : Event

This form must be signed by every person seeking access to the Event venue and every Event participant or if a minor, their consenting parent, including each person who rides with a driver on a carriage not only during the actual Event but including any time from arrival at the Event venue to departure. I understand and agree that neither The American Driving Society, Inc. ("ADS") and its officers, directors, Event judges, officials, workers, volunteers or organizing committee nor the property owners accept or shall have any responsibility of any nature whatsoever for accidents, damage, injury or illness (including communicable diseases) to the horses, owners, riders, drivers, grooms, passengers, attendants, spectators, volunteers, officials, or any other person or property in connection with the Event.

I hereby expressly agree without any limitation or condition for myself and my principals, representatives, employees, agents and assigns:

- 1) To be bound by the rules and bylaws of the ADS and by the ADS COVID-19 Action Plan, and any directives, executive orders and regulations of federal and state and local governance in effect at the location of the Event;
- 2) That every horse, driver, attendant, groom and/or passenger is eligible as entered;
- 3) To accept as final any decision of the Event officials on any question arising under the ADS rules and bylaws or any local rules of the Event; and
- 4) I also agree, without any limitation or condition, to hold the ADS, its officers, directors, employees and agents, and Competition judges, officials, volunteers and organizing committee, harmless from any and all liability, loss, claims or actions, causes of action, judgments or demands of any nature whatsoever, and specifically as they may be the result of communicable diseases.

I am fully aware and appreciate that equine sports, including driving in this Event, involve inherent dangerous risk of serious injury or death. By participating I do so voluntarily and expressly assume any and all risks of injury to me or loss of my horse(s) or equipment. I agree to release and voluntarily waive the right to sue the ADS, its officers, directors, employees, and agents, stewards, Event judges, personnel, volunteers, officials, and organizing committee, including their agents and employees from and against all claims for damages, including money damages, for any action taken or otherwise any harm caused by me or my horse to others, including whether arising from directly or indirectly from the negligence of the ADS or the Event or the Event organizer.

I agree to indemnify and hold harmless the ADS, its officers, directors, employees, clinicians, members, volunteers, coaches, representatives, assigns, Event judges, officials and organizing committee, their agents and employees from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this Event. I also agree that as a condition of and in consideration of acceptance of entry, the ADS and/or this Event may use or assign photographs, videos, audios, cablecasts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of this Event for the promotion, coverage or benefit of the Event, sport, or the ADS.



ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know equestrian activities are inherently dangerous, and that participation in any ADS Event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, Event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the ADS Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers (“Risks”).

I have read and understood the state’s Equine Liability Act for the Event location.

ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the Event, or the negligent acts or omissions of the ADS, the Organizers and other released parties identified herein, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in the Event. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at this Event. I agree to self-monitor my temperature once daily prior to entering the event grounds and will not enter the facility if I have a. a temperature of 100.4 F (38 C), b. exhibit any COVID-19 symptoms (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) or have tested positive for COVID-19 within the past 7 or 10 days, or c. if I have been in contact with someone who has COVID-19 symptoms or who has tested positive for COVID-19 within the past 7-10 days. \*Exception: Fully vaccinated\* individuals and healthcare personnel who have treated patients using appropriate medical-grade PPE during the course of performing duties are exempt from c. I agree to inform the organizer immediately if I receive a positive test result for COVID-19 within 14 days of leaving the event.

*\*Fully Vaccinated – An individual is considered to be fully vaccinated two weeks after their second dose in a 2-dose series (Pfizer, Moderna, etc.), or two weeks after a single-dose vaccine (Johnson & Johnson).*

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS. BY SIGNING BELOW, I AGREE to be bound by all applicable ADS rules and all the terms and conditions of this DISCLAIMER and HOLD HARMLESS AGREEMENT.

Participant/Attendee Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Participant/Attendee Signature (Parent’s name and signature if participant/attendee is a minor):

\_\_\_\_\_ Date: \_\_\_\_\_

## Sargent Equestrian Center

### USE AGREEMENT AND LIABILITY RELEASE

#### All Clinic Participants and Show Competitors must sign and send with registration (PLEASE READ CAREFULLY)

This agreement, dated [REDACTED] is made between Sargent Equestrian Center LLC, a California corporation ("SEC"), and [REDACTED] (print your name). WHEREAS, I understand and acknowledge that activities involving horses [REDACTED] ("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 AHSA approved headgear with a chin strap while riding or driving. SEC requires a **minor (under 18 years of age)**, to wear such headgear at all times when riding or driving horses. 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 or driving 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.

Initial this page [REDACTED]



**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.

**7. Assumption of the Risk and Waiver of Liability relating to the Coronavirus/COVID-19.** The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Sargent Equestrian Center (“SEC”) has put in place preventative measures to reduce the spread of COVID-19; however, SEC cannot guarantee that you will not become infected with COVID-19. Further, attending SEC events could increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending an SEC event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SEC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SEC employees, volunteers, officials, participants and others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SEC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SEC event.

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

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

**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 PARTICIPANTS PARENT

OR LEGAL GUARDIAN OR LEGAL GUARDIAN

SIGNATURE OF PARTICIPANTS PARENT

DATE

\_\_\_\_\_  
PARTICIPANTS ADDRESS IN FULL

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

\_\_\_\_\_  
PERSON TO CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE #1

\_\_\_\_\_  
PHONE #2

**SARGENT EQUESTRIAN CENTER**  
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info@sargentequest.com