**FSRC 2020 PRE-ENTRY INSTRUCTIONS**

*Avoiding the morning RUSH at the shows!*

Enclosed are forms to use for pre-entering for FSRC shows. The forms are also available on our web site.

[www.Freestateridingclub.org](http://www.Freestateridingclub.org)

The process is as follows:

1. RIDERS will fill out the form like you normally would on Saturday mornings at the shows. If you want to pre-register for all year, check the all year mark on the pre-entry form. The forms serve as backup files in case of discrepancies, and provide the records of the actual submittal by a member.

1. Pre-Entries must be received by the Show Points Secretary no later than one week prior to each show (**address on back of form).**

1. **PLEASE pay on the day of the show at the Entry Booth, BECAUSE changes may happen during the show day changing the amount due.**
2. On show morning, there will be one envelope per family/barn to be picked up at the entry booth with rider numbers enclosed. Please send a responsible party to pick up all important documents. Save your numbers for future shows. In fact, if you have your pre-registration number **UNDER 100** from the prior show season, you may continue to use them, just mark your number on the pre-entry form in the space provided. Note: if you have already received a pre-registration number, there will not be an envelope to pick up. **Please check-in at the Entry Booth or we will assume you are not present and scratch you from all classes.**
3. If at all possible, call me so I can scratch you from your classes. You may add or scratch from any class at the entry booth the day of the show. Any adjustments to your payment will be made at the end of the show day.

*It is always better to Pre-Enter and scratch classes later!*

If you have any questions, please feel free to call or email

Nancy Johnson cell 571-230-0612

Email [fsrc1960@aol.com](mailto:fsrc1960@aol.com) or [FSRCboard@gmail.com](mailto:FSRCboard@gmail.com)

FORMS FOR THE SHOW MUST BE RECEIVED **ONE WEEK PRIOR** TO THE SHOW DAY, PLEASE.

Mail to:

FSRC c/o Belinda Johnson

8500 Lloyd Station Road

Bowie, MD 20715

**IF YOU STILL HAVE**

**YOUR SHOW NUMBER**

**FROM LAST YEAR**

**& AND YOU WISH TO USE**

**IT AGAIN IN 2021**

**YOU MUST PUT**

**THAT NUMBER ON YOUR**

**FIRST PRE-ENTRY FORM.**

**AFTER THE FIRST SHOW OF THE YEAR NUMBERS WILL BE GIVEN OUT BY STAFF.**

**Please review & complete all the following documents before submitting the to the show office.**

**5/9/2021**

**Email to**

[**FSRCboard@gmail.com**](mailto:FSRCboard@gmail.com) **or** [**fsrc1960@aol.com**](mailto:fsrc1960@aol.com)

**FSRC** **OPEN HORSE SHOW ENTRY FORM**

**\*\*\*\*\*\***

**JUNE** \_\_\_\_\_ **JULY\_\_\_\_\_ AUG \_\_\_\_\_ AUG \_\_\_\_\_ SEPT\_\_\_\_\_SEPT\_\_\_\_\_OCT \_\_\_\_\_**

I understand that horseback riding is a dangerous sport and that serious injury or disability may result from accidents while riding. The below entries are being ridden at my (our) own risk. I understand that **Free State Riding Club** is not responsible for accidents, damage, injury or illnesses to horse, owners, riders, spectators, or any persons or property whatsoever. ASTM or SEI approved helmets for English riders are required. **ALSO**, I hereby give permission to **FSRC** to use my photographic likeness on all forms and media for advertising, trade and other lawful purpose.

RIDERS'S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_

## If rider is a minor, signature of responsible adult is required.

RELEASOR'S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO RIDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# HORSE'S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COGGINS#\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_

# HORSE OWNER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVH-1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RIDER'S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

# ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT CLEARLY)

## PLEASE LIST CLASSES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

MEMBER CLASS FEE **$10.00 \* \* NON-MEMBER FEE $15.00**

# OF CLASSES X \_\_\_\_\_\_\_\_\_ # OF CLASSES X \_\_\_\_\_\_\_\_\_

Class TOTALS \_\_\_\_\_\_\_\_\_\_\_ CLASS TOTALS \_\_\_\_\_\_\_\_\_

Sub Total \_\_\_\_\_\_\_\_\_\_\_\_ Sub Total \_\_\_\_\_\_\_\_\_\_

OFFICE FEES +$15.00 OFFICE FEES +$15.00

Volunteer payout ­+\_\_\_\_\_\_\_\_\_\_\_ Volunteer payout +\_\_\_\_\_\_\_\_

TOTAL \_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_\_

BOX FOR STAFF ONLY

**PAID with CHECK / CASH / PAYPAL**

COLLECTED BY \_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID FORM: \_\_\_\_\_\_\_\_\_**

**BIOSECURTIY FORM: \_\_\_\_\_\_\_\_\_\_\_**

**BACK NUMBER** \_\_\_\_\_\_\_\_\_

**FSRC Horse Shows Biosecurity Self Certification Form**

I certify that the horses listed below have:

* Received regular and consistent vaccination against Equine Influenza and EHV-1/4 with most recent booster being within 180 days *(as per USEF GR 845).*  MHSA recommends that a horse should not compete within 7 days of being vaccinated.

* Not shown symptoms of or been treated for EHV-1/4 within the past 28 days.

* Not been at a facility under quarantine for EHV-1/4 or exposed to any horses showing symptoms of EHV-1/4 within the past 28 days.

* Not had a temperature of over above 101.5 degrees Fahrenheit or any signs of respiratory or neurological disease within the last 14 days.

* Current negative Coggins documentation.

Horse’s Show Name(s):

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | Printed Name |

I am a(n) (circle all that apply) of these horses: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Horse Owner Farm Owner Trainer Transporter Date

**FSRC Horse Shows Participant Questionnaire & Release**

**Safety & Social Distancing**

Ensuring the safety and welfare of horses, show participants, officials, and facility staff is the top priority of Free State Riding Club (The Show). The Show will be enforcing social distancing and other safety protocols throughout the declaration of a state of emergency due to the COVID-19 pandemic. All participants including riders and their families, trainers, coaches, grooms, etc. must abide by these protocols for their own health and safety, as well as the health of others. Any participant who does not abide by these and other posted restrictions may be asked to leave the facility. Repeated violations may result in more severe consequences, up to and including a ban from the facility.

**Agreement**

In exchange for being permitted to participate in Free State Riding Club managed activities at Free State Riding Club (the Facility), the participant, or parent on behalf of a minor participant, hereby agrees to abide by the procedures set forth in this agreement.

**Rules and Regulations**

I hereby agree to be bound by and abide by the rules, regulations, and policies of Free State Riding Club as posted at the facility and promulgated by the Show’s staff, and as amended from time to time.

**Release**

I acknowledge that I, or the minor rider for whom I am responsible, will participate in activities at the Facility during a time of declared state and federal emergency due to the COVID-19 pandemic, and that I accept the risk inherent in participating in horse riding activities during such emergency declaration. On behalf of myself, or any minor rider for whom I am responsible, I hereby expressly assume and accept all such risks, including the risk of loss, damage, infection, or injury occurring as a result of visiting and/or participating in these activities at the Facility. I understand that COVID-19 is a deadly infectious disease, and that no activity, even outdoor activities including horse riding, is inherently safe from the risk of infection. On behalf of myself, or any minor Rider for whom I am responsible, and my or our heirs, successors, executors, representatives, I hereby voluntarily, knowingly, intentionally, irrevocably and unconditionally waive, release and discharge Free State Riding Club, including its agents, volunteers, employees, directors, and officers (collectively, the "Released Parties"), from any and all claims, damages, obligations, liabilities and expenses (including, without limitation, attorneys' fees) that arise out of or are related to these activities, whether foreseen or unforeseen, including, without limitation those for personal injury (including broken bones, head or neck injuries); loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable nature of horses; exposure to extreme conditions and circumstances; accidents involving other participants, 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 Show and Facility staff; infection, or death; and other undefined, not readily foreseeable and presently unknown risks and dangers; except for those injuries that result from the Show's willful or gross negligence. I further waive all relief, whether legal or equitable, that I, or any minor rider for whom I am responsible, or any of his or her other legal guardians, parents or assigns, may be entitled to seek from either the Show or the Released Parties, including, without limitation, compensatory damages, punitive damages, attorneys' fees, expenses, and costs. I also agree to indemnify and hold the Show and the Released Parties harmless from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action brought as a result of participation in these activities by myself or the minor Rider for whom I am responsible. I represent that I have full right, power and authority to sign this Release and to bind myself and/or any minors to its terms. I have carefully read, clearly understand, and voluntarily signed this Release.

\_\_\_\_\_\_\_

Initial

**COVID-19 SCREENING QUESTIONAIRE:**

1. In the last 14 days have you had a fever greater than 99.5℉, or have they taken any antipyretic

medicines for the purpose of fever suppression, including acetaminophen, ibuprofen, aspirin, or

naproxen?

\_\_\_\_ YES, I have had a fever, or have taken medication to suppress a fever

\_\_\_\_ No, I have not had a fever and have not taken medication to suppress a fever

2. In the last 14 days have you had any flu-like symptoms not associated with allergies, including chills,

muscle aches, cough, congestion, runny nose, headaches, and fatigue?

\_\_\_\_ YES, I have had one or more of these symptoms

\_\_\_\_ No, I have not had any of these symptoms

3. In the last 14 days, have you had close contact with someone who has tested positive for COVID-19?

\_\_\_\_ YES, I have had close contact with someone who has tested positive

\_\_\_\_ No, I have not had close contact with anyone who has tested positive

4. In the last 14 days have you had any contact with anyone with flu-like symptoms not associated with

allergies, including chills, muscle aches, cough, congestion, runny nose, headaches, and fatigue?

\_\_\_\_ YES, I have had contract with someone with these symptoms

\_\_\_\_ No, I have not had contact with someone with have any of these symptoms

5. Are you currently waiting on a COVID 19 test result?

\_\_\_\_ Yes, I am waiting for a COVID-19 test result.

\_\_\_\_ No, I am not waiting for a COVID-19 test

If you have answered “YES” to any of these questions you are prohibited from being on the competition

grounds until further notice. \*

**\*Exception:** Healthcare personnel who have treated patients using appropriate medical grade PPE

during the course of performing professional duties are exempted from this restriction.

**Participant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature (if 18 or older):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name Signing for Minor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature (Under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**I am a/an (circle all that apply):**

Exhibitor Parent Owner Trainer Groom Show Staff Member Show Official

In order to keep proper social distancing, numbers of attendees must be kept to a minimum. We do not

allow spectators currently. We ask that after you compete, you leave the facility in a timely manner.