

Exhibitor Access

Participant Access to the Region 4 Championship Horse Show

ACTION REQUIRED by MONDAY, JUNE 14, 2021

This year public, spectators, and non-essential personnel such as guests will not be allowed on the competition grounds. Access will only be granted to participants which is **defined by USEF as owners, lessees, riders, athletes, parents, vaulters, drivers, trainers, coaches, longeurs, navigators, personal care assistants (PCAs), and any other required support personnel/staff that are essential for providing care to the horses and/or the athletes.**

Access to the grounds will be allowed via wristband only. One wristband will be released with each signed USEF waiver. **A maximum of 4 wrist bands will be released per horse.** Trainer(s), groom(s), and other support personnel will **only** be issued wristbands with a signed USEF waiver.

Waiver Collection & Recording:

Each **Farm/Trainer** or individual must complete the attached application in advance of arriving on the grounds. Please submit all waivers with attached **Horse Exhibitor Access Application.**

1. Complete the attached Access Application which must include:
 - a. Horse Name(s) – List up to 4 participants by name who will be attending with horse. Each participant will receive a wrist band for access to the grounds.
 - b. Additional Essential Personal – Trainer(s), groom(s), or other support personnel (including their role). Each participant will receive a wrist band for access to the grounds.
 - c. Each name must be written clearly and easy to read.
2. Collect and submit a **USEF Waiver & Release of Liability** for each participant listed on the application(s)
3. Collect and submit a **Region 4 AHA Covid 19 Agreement** for each participant listed on the application.

Electronic waivers and/or PDF forms are available on our website: <https://aharegion4.com/championship-show>.

Submit complete Access Application and waivers

no later than MONDAY, JUNE 14, 2021 to horseshownumber@gmail.com

(TIP: Most FedEx, UPS and Office Supply stores can scan and compile your documents into a single PDF file for a nominal fee)

At Check-In:

The individual checking in for your **Farm/Trainer Group** will sign for and be given wrist band(s) for all participants provided on each horse application, it will be your responsibility to distribute to participants and staff.

- Back numbers will not be released without receipt of the Access Application and signed waivers. All wrist bands will be released and signed for at check in.
- Beginning Monday, June 21st access to the grounds will NOT be granted to anyone without a wrist band.
- It will be imperative that you distribute the wristbands to your participants prior to the start of the show
- Changes or additions to the Access Application after MONDAY, JUNE 14, 2021 can be brought to the office when you check in.

**THESE PROTOCOLS MAY CHANGE AS WE GET CLOSER TO THE SHOW.
PLEASE CHECK OUR WEBSITE AND OUR FACE BOOK PAGE FOR UPDATES.**

MASKS

Face Mask (cloth covering or mask) are MANDATORY! Please keep a face mask on your face and with you at all times. Face masks are required at all times!

COVID ACCESS

Horse Exhibitor Access Application

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*Access to the grounds will be allowed via wristband only. One wristband will be released with each signed USEF waiver. A maximum of 4 wrist bands will be released per horse. Trainer(s), groom(s), and other support personnel will **only** be issued wristbands with a signed waiver. 1 horse = max of 4 wrist bands plus trainer and grooms.*

Farm Name: _____

Trainer/Contact Person: _____ Cell Number: _____

Participants: *Each person on this list must complete a Region 4 Agreement and a USEF Waiver & Release of Liability. Electronic waivers and/or PDF forms are available on our website: <https://aharegion4.com/championship-show>*

	Name of Horse	Name of Person	Relationship	OFFICE USE ONLY:		
				ON-LINE	PDF	R4
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20						

Date: _____ Office Staff: _____

Region 4 Covid-19 Agreement

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To be read and signed by participants, which is defined by USEF as owners, lessees, riders, athletes, parents, vaulters, drivers, trainers, coaches, longeurs, navigators, personal care assistants (PCAs), and any other required support personnel/staff that are essential for providing care to the horses and/or the athletes.

1. I certify that to the best of my knowledge I am free of COVID 19 and have been following the guidelines set forth by the CDC and the governing agencies of my primary place of residence. I have not experienced any of the COVID 19 symptoms, tested positive, or been in contact with someone who has tested positive for COVID 19 in the last fourteen days.
2. I certify that at least once each day of the horse show I am monitoring my temperature. If my temperature is over 99.5 F I will not enter the showgrounds.
3. I understand that this show is operating under the requirements and recommendations of the USEF and the current action plan is available for my review on both the USEF and [Region 4 Websites](#).
4. I understand that all of the Best Practices, rules, and other requirements are in effect from that date horses are first allowed to move in until the show concludes, regardless of when competition is running.
5. I understand that the stable area will be restricted to essential staff only. Each Farm/Trainer will provide a list of essential staff and owners with entries.
6. I agree to wear a face covering at all times I am on the show grounds except when mounted on a horse. Social distancing (6 feet) will be maintained at all times including when mounted and anywhere on the show grounds. Masks may be worn without penalty when mounted in warm-up or while showing.
7. I will follow all rules regarding arenas and authorized riding arenas and times.
8. I understand that I may not bring friends or family with me to the show. Exception: junior riders (minors) may be accompanied by one parent or guardian. That person must adhere to all the same rules and procedures as the exhibitor.
9. I understand and agree that I, and as applicable, my clients will abide by the above and follow all rules implemented due to the Covid-19 health emergency during the show and/or at any time on the horse show grounds. I understand any violations will be cause to be asked to leave the grounds.
10. I understand electronic signatures are allowed and are binding.

Print Name: _____

Signature: _____

Parent/Adult Guardian Name (if rider above is a minor) Print Name: _____

Parent/Adult Guardian Signature _____

Date: _____ Phone: _____

Email: _____

Please check all that apply:

Adult Rider **Junior** **Owner**
Trainer **Trainer Staff** **Show Staff**





WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT



For and in consideration of United States Equestrian Federation, Inc. dba US Equestrian (“USEF”) allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, official, trainer or volunteer) in a USEF sanctioned, licensed or approved event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities and THE REGION 4 AHA CHAMPONSHIP HPRSE SHOW (“USEF Event” or “USEF Events”); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors,, and assigns, hereby agree to and make the following contractual repre-sentations pursuant to this Agreement (the “**Agreement**”):

A. RULES AND REGULATIONS: I hereby agree to be bound and abide by the rules, regulations, and policies of USEF as published in the USEF Rule Book and on the website at www.usef.org, as amended from time to time.

B. ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any USEF 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 (including my mount & equipment) 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 USEF Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers (“**Risks**”).

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

Under the laws of most States, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

C. 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 USEF Events, or the negligent acts or omissions of the Released Parties defined below, 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 any USEF Events. 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 any USEF Event.

D. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any USEF Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: USEF, USEF Recognized Affiliate Associations, the United States Olympic & Paralympic Committee (USOPC), USEF clubs, members, Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, licensee, and competition managers; the promoters, sponsors, or advertisers of any USEF Event; any charity or other beneficiary which may benefit from the USEF Event; the owners, managers, or lessors of any facilities or premises where a USEF Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (**Individually and Collectively, the “Released Parties” or “Event Organizers”**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature (“**Liability**”) which may arise out of, result from, or relate in any way to my participation in the USEF Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

E. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

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 (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor’s) participation in any USEF Event. If, despite this Agreement, I, or anyone on my behalf or the minor’s behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR OWNER TRAINER OFFICIAL STAFF VOLUNTEER COACH (IF APPLICABLE)

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) _____ Date: _____

Print Parent//Guardian Name: _____ Emergency Contact Phone No. _____