



ERAHC Baroque Equestrian Games 2023 Entry Form

Rider/Handler Name: _____ Phone #: _____

Address: _____ Email: _____

Age: ____ Junior ____ Senior

Horse's Name: _____ Age: ____

Horse's Breed: _____ Sex: ____

Emergency Contact for Rider/Handler: _____

If not Rider/Handler:

Owner's Name: _____ Phone # _____

Address: _____ Email: _____

Groundwork: Pattern 1 Pattern 2 Pattern 3 Total # Patterns @ \$30 each = _____

Classical Schooling - Initiate: Pattern 1 Pattern 2 Pattern 3 Total # Patterns @ \$35 each = _____

Classical Schooling - Equilibre: Pattern 1 Pattern 2 Pattern 3 Total # Patterns @ \$40 each = _____

Classical Schooling - Rassembler: Pattern 1 Pattern 2 Pattern 3 Total # Patterns @ \$40 each = _____

Classical Schooling – Haute Ecole: Pattern 1 Pattern 2 Pattern 3 Total # Patterns @ \$40 each = _____

Musical Presentation: Initiate @ \$35 each = _____

Equilibre Rassembler Haute Ecole @ \$40 each = _____

Total # Classes = _____ Total Class Fees = _____

STALLS: # Stalls _____ #Nights _____ @\$35 per night Total stall fees = _____

ADDITIONAL FEES:

Office Fee @\$ 5

Facility Fee @\$25

Late Fee @\$25

Total Additional fees = _____

Friday Evening Dinner: # Dinners _____ @\$18 each Total dinner fees = _____

Total Fees Owed = _____

ERAHC



Register at www.erahc.org and pay by charge card by scanning QR code

Or mail, check payable to ERAHC to

Bruce Harbin 14298 S. Union Church Rd Ellendale, DE 19941

By entering a Baroque Equestrian Games LLC recognized and approved competition and signing this entry blank as Owner, Lessee, Trainer, Manager, Agent, Coach, Rider, Handler and on behalf of my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of the Baroque Equestrian Games, LLC and the local rules of competition. I agree to be bound by the Bylaws and Rules of the Baroque Equestrian Games, LLC. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the Competition, the Baroque Equestrian Games, LLC, their officials, directors, and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. The construction and application of Baroque Equestrian Games, LLC rules are governed by the laws of the state of Florida and any action instituted against the Baroque Equestrian Games LLC must be filed in the state of Florida.

BY SIGNING BELOW, I AGREE to be bound by all BEGI Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

**BAROQUE EQUESTRIAN GAMES AND INSTITUTE
PENMERRYL FARM
RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I, _____ (Participant) fully understand that horseback riding (which includes groundwork, leading, riding and handling horses,) as well as riding in an instructional clinic and/or horse show and any horse riding and horse-related activities are very dangerous activities. I wish to participate in these activities knowing that they are dangerous. I accept and assume all risks of injury or death to my property or me and I represent and warrant that I have the authority to provide this Release, and certify as follows:

To the fullest extent allowed by law, I HEREBY FOREVER RELEASE AND DISCHARGE BAROQUE EQUESTRIAN GAMES LLC, MONA LISA VEDER a/k/a TINA CRISTIANI VEDER, BRUNO GONZALEZ, PENMERRYL FARM, their agents, advisory board, volunteers, successors in interest, heirs, or spouses, officers or directors (Releasees) FROM ANY LIABILITY to the undersigned participant, my personal representatives, assigns, heirs, and next of kin (Releasers) for any loss or damage and any claim or demands therefore on account of injury to the person or property of the undersigned or resulting in the death of the undersigned participant, WHETHER CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES OR ANYONE while the undersigned participant is participating in any activity arranged or sponsored by the Releasees. I understand and acknowledge that horseback riding and horse training and any horse riding and horse-related activities as described above have inherent dangers, which no amount of care, caution, instruction, or expertise can eliminate.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF PERSONAL INJURY, DEATH AND PROPERTY DAMAGE SUSTAINED WHILE PARTICIPATING IN HORSEBACK RIDING AS WELL AS RIDING IN A CLINIC AND/OR HORSE SHOW, INCLUDING THE RISK OF PASSIVE OR ACTIVE NEGLIGENCE ON THE PART OF THE RELEASED PARTIES OR HIDDEN, LATENT OR OBVIOUS DEFECTS AT ANY PROPERTY MADE AVAILABLE TO OR BY THE RELEASEES FOR SAID ACTIVITIES. In the event I receive any medical care, examination, or treatment of any kind by any person during any activity arranged or sponsored by the Releasees, I agree to WAIVE AND NOT PRESENT ANY CLAIM OF ANY KIND against that member or any Releasee for such medical care, examination or treatment and AGREE NOT TO SUE that person or any Releasee. In the event my horse receives any care, examination, or treatment of any kind from any person

during any activity arranged or sponsored by the Releasees I agree to WAIVE AND NOT PRESENT ANY CLAIM OF ANY KIND against that person or any Releasee regarding any care, examination or treatment of any kind and AGREE NOT TO SUE that person or any Releasee regarding any care, examination, or treatment of any kind.

To the fullest extent allowed by law, I WAIVE ANY RIGHT TO PRESENT ANY LEGAL CLAIM OR SUIT against the Releasees, whether based on negligence, breach of contract, breach of warranty, strict product liability, dangerous condition of property, or any other legal theories.

To the fullest extent allowed by law, IT IS THE EXPRESS INTENT OF THE PARTIES THAT I FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS BAROQUE EQUESTRIAN GAMES LLC, MONA LISA VEDER a/k/a TINA CRISTIANI VEDER, BRUNO GONZALEZ, PENMERRYL FARM, their agents, advisory board, volunteers, successors in interest, heirs, or spouses, officers, or directors from any and all claims, suits, costs or expenses of any kind including attorney fees and expert and consultant fees incurred as a result made by any person for personal injury, including death or property damage, which claim in any way arises out of or is in any way related to my participation with any horseback riding, as well as riding in an instructional clinic and/or horse show, or any horse riding or horse-related activity or any activity upon land made available for any horse related activity including patent or latent defects REGARDLESS OF FAULT AND WHETHER OR NOT CAUSED BY THE ACTIVE, PASSIVE, OR SOLE NEGLIGENCE OF THE INDEMNITEES. This obligation to defend, indemnify, and hold harmless equally binds my heirs, assigns, and personal representative in the event of my death or incapacity.

I further consent to the BAROQUE EQUESTRIAN GAMES LLC, MONA LISA VEDER a/k/a TINA CRISTIANI VEDER, BRUNO GONZALEZ, PENMERRYL FARM, their agents, advisory board, volunteers, successors in interest, heirs or spouses, officers and directors using or assigning photographs, videos, audios, cable-casts, broadcasts, internet, film, news media or other likeness of me and my horse taken during the course of the clinic and/or horse show, for the promotion coverage or benefit of the BAROQUE EQUESTRIAN GAMES LLC. Those likenesses may not be used to advertise a product and they may not be used in such a way to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, or to misappropriation.

This document is a legally binding contract, which supersedes any other agreement, or representation by or between the parties and is intended to provide a comprehensive Release of liability and agreement not to sue. The undersigned further expressly agrees that the foregoing Release and Waiver of Liability, Covenant Not to Sue and Indemnity

Agreement is intended to be as broad and inclusive as permitted by the law of the State of Florida and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT and further agrees that no oral representation, statements or inducements apart from the foregoing written agreement have been made. The undersigned further agrees that should any dispute arise between the parties arising from or relating to this Release and Waiver of Liability, Covenant Not to Sue and Indemnity Agreement, which the undersigned agrees to have the matter submitted to arbitration and waives any right of trial by jury.

I HAVE READ THIS RELEASE AND AGREE TO ALL TERMS WITHIN.

No entry is valid without original signatures from the below individuals; Photocopied signatures or writing "same" are NOT acceptable.

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Signed: _____ Date: _____

IF PARTICIPANT IS YOUNGER THAN 18 YEARS OLD THIS RELEASE MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN BELOW:

Printed Name: _____

Relationship to Participant: _____

Signed: _____ Date: _____

OWNER/AGENT: _____

Printed Name: _____

Signed: _____ Date: _____

TRAINER: _____

Printed Name: _____

Signed: _____ Date: _____

Eastern Region Andalusian Horse Club, Inc.

8653 Victoria Road, Springfield, VA 22151

RELEASE, ASSUMPTION OF RISKS AND DANGERS, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I agree to this Release, Assumption of Risks and Dangers, Waiver of Liability, and Indemnity Agreement (hereafter, "Agreement") with the Eastern Region Andalusian Horse Club (hereafter referred to as "ERAHC") as a condition for allowing me to compete or volunteer in ERAHC hosted events and competitions (hereafter referred to as "The Activities" throughout this Agreement).

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

NAME (please print clearly): _____

NAME OF THE OTHER CONTRACTING PARTY (Parent if minor):

ADDRESS:

PHONE: [Home] _____ [Cell/Other] _____

To the fullest extent allowed by law, I also make this agreement on behalf of the following who is/are my child/children or legal ward(s):

1. _____ Age: _____ Date of Birth: _____

2. _____ Age: _____ Date of Birth: _____

All parts of this Agreement apply to me and each of the children or legal wards listed above. [We will collectively call ourselves, "I", "me", or "my" throughout this Agreement]

IT IS AGREED AS FOLLOWS:

1. AGREEMENT TO VOLUNTARILY ASSUME ALL RISKS AND DANGERS UNDER THE VIRGINIA EQUINE ACTIVITY LIABILITY ACT / NOTICE OF INTRINSIC DANGERS OF EQUINE ACTIVITIES PURSUANT TO VA CODE ANN. 3.2-6203(B).

By signing this Agreement, I affirm that I fully understand and appreciate the risks and dangers inherent in and intrinsic to equine activities. "Intrinsic dangers of equine activities" means those dangers or conditions that are an integral part of equine activities, including: (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

2. **WAIVER OF RIGHTS TO SUE (AS ALLOWED PURSUANT TO VA. CODE ANN. 3.2-6200-6203)**: With full knowledge and appreciation of the intrinsic and inherent risks and dangers of equine activities, and to the fullest extent as may be permitted under Virginia law, I (on behalf of myself and my spouse, parents, heirs, representatives, assigns, minors) agree to each of the following: (a) ERAHC and their members, managers, employees, agents, heirs, family members, assigns, representatives, affiliated persons, volunteers, and others acting on their behalf (hereafter referred to collectively as "The Released Parties") shall not be liable for any losses, injuries, or damages that I may sustain as a result of engaging in any of The Activities at any time or at any location; and (b) I release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) against The Released Parties whether claims are known, unknown, anticipated or unanticipated, and whether caused by their ordinary negligence, a violation of a state equine activity liability act, or other legal liability resulting from or arising out of my/our engaging in The Activities at any time and at any location. The term "damages" in this Agreement means, for example, medical expenses, any and all claims or losses because of bodily injuries, mental/emotional injuries, or property damages, death, expenses, and/or personal property damages. This Agreement is intended to apply and be binding regardless of whether I/we am/are riding, driving, handling, or near equines. THIS AGREEMENT IS INTENDED TO BE A WAIVER OF RIGHTS TO SUE AS CONTEMPLATED BY THE VIRGINIA EQUINE ACTIVITY LIABILITY ACT, VA. CODE ANN. 3.2-6200-6203, INCLUDING 3.2-6301.B.

3. **INDEMNIFICATION.** To the fullest extent allowed under Virginia law, I also agree to indemnify and hold harmless **The Released Parties** against any and all claims, demands, actions, liabilities, losses, or suits that are brought against **The Released Parties** (or either of them), which are in any way connected with my participation in any of **The Activities** at any time and at any location, including claims that allege acts or omissions of **The Released Parties** that are negligent or in violation of a state equine activity liability act. This indemnification shall also include reimbursement of reasonable attorney fees and costs incurred by **The Released Parties**.

SIGNATURE: _____

PRINT NAME HERE: _____ DATE: _____

SIGNATURE OF OTHER CONTRACTING PARTY (Spouse/Other Parent):

PRINT NAME HERE: _____ DATE: _____