

Billington Stables Horse Show October 24, 2020

Horse / Pony Name _____ Age _____ Color _____ Sex _____

Rider 1: _____ Age _____ Class _____

Rider 2: _____ Age _____ Class _____

Owner: _____

Address _____

Signature _____

Rider: _____

Address _____

Signature _____

Trainer: _____

Address _____

Signature _____

Fees:

Entry \$75 per class

(\$75 x ____) \$ _____

Office Fee \$35 per horse

(\$35 x ____) \$ _____

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY. I agree to indemnify and hold harmless Billington LL & Mary Rivas against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf.

I have read and agreed to full waivers statement I have read and agreed to Entrance Affidavit

Signature: _____

Horse Shows of Long Island's Competition Entrance Affidavit

By signing this form, I hereby agree to the 2020 COVID-19 Policy and Rules for Horse Show of Long Island Inc. and USEF. I also certify that I am following the protocols of the USEF COVID-19 Action Plan, specifically the mandatory requirements for Participants. In doing so:

- I have not exhibited COVID-19 symptoms as described by the CDC, including a temperature above 99.5°F (37.5°C), in the last two weeks. (cough, shortness of breath or difficulty breathing, sore throat, new loss of taste or smell, chills, head or muscle aches, nausea, diarrhea, or vomiting).
- I have not tested positive for COVID-19 within the last two weeks.
- I have not been in contact with someone who has tested positive for COVID-19 within the last two weeks. (Exception: Healthcare personnel who have treated patients using appropriate medical-grade PPE during the course of performing professional duties are exempted from this restriction)
- I understand and agree that it is my responsibility to wear a face mask or face covering when in a public setting where there is a possibility of being within six feet of another individual, or when not mounted on a horse.
- I will self-monitor my own temperature prior to leaving for the show grounds.
- If I should begin to experience any symptoms of COVID-19 or exhibit a temperature of 99.5°F (37.5°C) or above after my initial entrance onto the show grounds, I will immediately notify Horse Shows of Long Island management and seek medical help.
- If I should begin to experience any symptoms of COVID-19 or exhibit a temperature of 99.5°F (37.5°C) or above within 14 days of leaving the competition, I will notify Horse Shows of Long Island management and immediately seek medical help.
- If I am diagnosed with COVID-19 after arriving at competition or within 14 days of leaving the competition, I will notify management so specific steps can be made to quarantine others that may have been affected prior to that diagnosis.
- I understand that I am required to provide a valid cell phone number and email address so I will receive all notifications from the competition.

Name of Participant: _____

Name of Parent/Guardian if Participant is a Minor: _____

Name of Trainer: _____

Notification Information:

Cell Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Cell Phone Number: _____

Participant Signature: _____ Date: _____

(Parent/Guardian if Participant is a Minor)

If Participant is a Trainer, you must initial below

I understand that I am responsible for my staff and clients. I will make sure that I am using knowledgeable professionals that understand all COVID-19 protocols and risks. I will bring to the show grounds, all the same materials and operating protocols that I have implemented in my private barn operation since the start of the COVID-19 Pandemic. I understand that Horse Shows of Long Island, Inc. will not be providing materials that are essential to the operation of my private business. I agree to provide or arrange any items for my staff and clients to operate safely.

(initials) _____

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:

Participant's Address:

Signature:

Date:

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name:

Relationship to Minor:

Signature:

Date: