



## Schweiss Fall Fest Eventing Show

Oct, 17, 2009

Open Date: Sept 1, 2009    Closing Date: Oct 5, 2009

Organizer/ Secretary: Brook Schweiss  
72121 470th St  
Hector, MN 55342  
brook@bifold.com  
320-894-8831

**Judge:** TBA

Entries: Submit entries on attached entry form. Current 2009 Coggins required. Include copy with entry. Send entries to show secretary. Make checks payable to Schweiss. Refunds: All Fees refunded prior to closing. Management reserves right to cancel due to unsafe weather/conditions. No refunds after closing date.

**Attire:** Riding attire: Informal. ASTM approved helmet and proper footwear required when mounted. Safety vest required for cross country and medical armband.

Ride times: Will be available 3 days before show. Times will be e-mailed or available at [www.schweissstables.com](http://www.schweissstables.com)

**Arenas:** Dressage test will be ridden in outdoor sand arena, Stadium on outdoor gravel/sand, cross country on flat with some hills grass and dirt.

Stabling: Stabling is available on the grounds for \$15 per day. Overnight stabling available for \$25 per stall.

**Directions:**

From Hector: Hwy 212 & Hwy 4 - Take Hwy 4 south 7 miles after the two big "S" curves you will see blue and yellow sign for "SCHWEISS BI-FOLD DOORS" turn right onto one mile of gravel at cross road turn right to large riding center north of the factory.

From Fairfax: Hwy 19 & Hwy 4 - Take Hwy 4 North for 8 miles you will see a blue and yellow sign for "SCHWEISS BI-FOLD DOORS" turn left onto one mile of gravel at cross road turn right to large riding center north of the factory.

**Eventing** Division-\$50.00 for Division - Includes dressage test, stadium & x-country.

Class # 1 - Starter Division – Fence max height 1'6" – dressage test- USDF Intro A

Class # 2 – Beginner Novice Division- Fences max height 2'7" – dressage test BN Test A

Class # 3 - Novice Division- Fence Max height 2'11" dressage test – Novice test A.

**Team Challenge.** \$15.00 per team All riders must be riding same class.

**Schweiss Fall Fest Eventing Show  
Eventing Entry Form  
Oct 17,2009**

**Open date: Sept, 1,2009**

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All information is required- fill all blanks - use N/A if necessary. Please **PRINT** clearly. Mail Entry form to the event Secretary. All riders **MUST** wear appropriate safety equipment. All horses must present a current negative coggins.

**ONLY ONE HORSE PER ENTRY FORM. & ONLY ONE RIDER PER HORSE For Eventing Division**

**REGISTRATION INFORMATION**

Rider Name \_\_\_\_\_ Horse Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Horse Breed \_\_\_\_\_ Horse Age \_\_\_\_\_  
Rider JR \_\_\_\_\_ or SR \_\_\_\_\_

**Emergency Information**

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**EVENTING COMPETITION - DRESSAGE/X-COUNTRY/STADIUM (6 RIBBONS AWARDED FOR EACH DIVISION BASED ON LOWEST SCORE) Entry Fee is for the entire division - all 3 phases, Dressage Stadium and x-country - combined scores determine winners.**

**Entry Fee for Division \$50.00- Pleases place a checkmark next to the appropriate division.**

\_\_\_\_\_ Class #1 Starter Division – Fence max height 1'6" – dressage test- USDF Intro A  
\_\_\_\_\_ Class # 2 – Beginner Novice Division- Fences max height 2'7" – dressage test BN Test A  
\_\_\_\_\_ Class # 3 - Novice Division- Fence Max height 2'11" dressage test – Novice test A

**TEAM ENTRY (3 TO 4 RIDERS) FOR THE EVENTING COMPETITION ONLY. ALL RIDERS MUST BE IN THE SAME DIVISION.**

**Team entry \$15.00 per team. (4 RIBBONS AWARDED PER DIVISION)**

**TEAM NAME:** \_\_\_\_\_

**EVENTING DIVISION:**

\_\_\_\_\_ STARTER DIVISION \_\_\_\_\_ BEGINNER NOVICE DIVISION \_\_\_\_\_ NOVICE DIVISION

**NAMES OF RIDERS**

1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_

<b>Division:</b>	<b>Please Check Level</b>	<b>Cost</b>	<b>Subtotal</b>	
<b>includes Dressage, XC, and Stadium</b>				
<b>Starter</b>		\$50.00		
<b>Beginner Novice</b>		\$50.00		
<b>Novice</b>		\$50.00		
<b>Teams</b>		\$15.00		
<b>Stabling-Day (No Shavings provided)</b>		\$15.00		
<b>Overnight (one bag of shavings)</b>		\$25.00		
<b>Shavings per Bag</b>	# of bags _____ x\$6.00	=		
<b>Total</b>				<b>Total</b>

*Enclose The Following: Full payment and make check payable to Brook Schweiss and copy of negative coggling.*

*Mail To : Schweiss Stables c/o Brook Mead 72121 470th St, Hector, MN 55342 PH:320-894-8831*

*or E-Mail: Brook@bifold.com*

#### WAIVER AND HOLD HARMLESS AGREEMENT

I (we) understand that Michael L. Schweiss and Julie Schweiss (the "Owners") are the owners of certain recreational property including but not limited to horses, real property, dwellings and Improvements, and personal property items ("Recreational Property"), located in Renville County, Minnesota.

I (we) understand and acknowledge that a horse may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet or body, push or shove a person, strike with either its front or hind feet or legs, and saddles, bridles and any other equipment may loosen and/or break –all of which may cause the rider to fall, be jolted, become seriously injured or killed. I (we) acknowledge that horseback riding, any other activity that takes place around horses is a dangerous activity and involves RISKS that may cause SERIOUS INJURY and DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training, size, age and past performance.

In consideration of the use of the Recreational Property, I (we) therefore agree that, absent willful misconduct by the Owners, I (we) waive, release and discharge all claims of liability or cause of action, and will not assert any claim of liability (such as commencing a lawsuit) against the Owners, or against any entity owned in whole or in part by the Owners, in the event of an accident or mishap which results in personal injury to, death of, or property damage loss by me (us), my spouse, minor children, heirs, personal representative, assigns or any guest or invitee (or their representative) of mine (ours).

I (we) understand that it is recommended that all riders of horses wear a protective helmet. It is my understanding that a protective helmet is available, and has been offered for my (our) own safety. I (we) decline to wear a helmet. (Please initial here): \_\_\_\_\_ In consideration of the use of the Recreational Property, I (we) accept full responsibility for all risk to personal safety and welfare including danger of injury or death inherent in the handling or riding of horses, or the use of saddles, bridles, equipment or gear provided by the Owners, and I (we) agree to assume the risk of all damage, loss, costs, and expense, and agree to indemnify and hold harmless the Owners, or any entity owned in whole or in part by the Owners.

I (we) expressly agree that this Waiver and Hold Harmless Agreement is governed by the laws of the State of Minnesota, if any portion of this Agreement is judicially determined invalid, that invalidity will not affect the remaining portions of this Agreement.

I (we) agree that this Agreement is a legally binding contract, and if a lawsuit is filed against the Owners, or against any entity owned in whole or in part by the Owners, that I (we) will pay all attorneys' fees and costs incurred by the Owners, or any entity owned in whole or in part by the Owners, in defending such claims, actions and/or lawsuits.

I (WE) HAVE READ THIS WAIVER AND HOLD HARMLESS AGREEMENT. I (WE) UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I (WE) AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING ANY AND ALL RIGHTS I (WE) MAY HAVE AGAINST THE OWNERS, OR ANY ENTITY OWNED IN WHOLE OR IN PART BY THE OWNERS. I UNDERSTAND THAT THIS IS A PROMISE NOT TO SUE. I (WE) HAVE CONCLUDED THAT THE RISKS INVOLVED, AND THE RELEASE AND WAIVER OF LIABILITY IS WORTH THE PLEASURE OF USING AND ENJOYING THE OWNERS' RECREATIONAL PROPERTY.

\_\_\_\_\_, Dated: \_\_\_\_\_

#### WAIVER AND HOLD HARMLESS AGREEMENT SIGNATURE PAGE FOR PARENT/GUARDIAN WAIVER –FOR MINOR

I, \_\_\_\_\_, acting as a parent, natural guardian or legal guardian of \_\_\_\_\_ (hereinafter "Minor"), hereby affirm that I have read this Agreement, and I understand this Agreement. I understand that this

Agreement is a release of all claims for injury, death and property damage. I understand and consent to the terms on behalf of myself and the Minor, and I agree to indemnify and hold harmless the Owners from any loss, liability, damage or costs incurred because of any defect in or lack of capacity to act on behalf of the Minor in executing this Agreement. I have read and executed this Agreement, and interpreted all provisions, including all medical disclaimers on behalf of the Minor.

Parent Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_