

2017 Jackpot Jumpers

Jackpot Rounds – Win Money!

April 8, August 6, September 30

| Approximate Start Time | Level/Height | Entry Rules | Entry Fee: pre-register/day of/JP |
|-----------------------------|-----------------------------|--|--------------------------------------|
| 9:00 AM | <i>Intro 18" - 2'</i> | Any level may be entered HC multiple times. | \$15/\$20/NA |
| 10:00 AM | <i>Elementary 2' - 2'3"</i> | | \$15/\$20/NA |
| 11:00 AM | <i>Beg. Novice 2'7"</i> | Each level may be entered ONCE competitively. Ribbons will be awarded per level. No division splits. | \$15/\$20/\$30 |
| 12:30 PM | <i>Novice 2'11"</i> | | \$15/\$20/\$30 |
| 2:00 PM | <i>Training 3'3"</i> | | \$15/\$20/\$30 |
| 3:00 PM | <i>Preliminary 3'7"</i> | | \$15/\$20/\$30 |
| 3:30 PM | <i>Intermediate 3'11"</i> | You MUST announce your round to the starter as Competitive, or it will count as HC. | \$15/\$20/NA |
| Promptly after Intermediate | <i>Advanced 4'1"</i> | | \$15/\$20/NA |

- **Eventing Stadium Courses, scored on Jumping Test penalties and Optimum Time.**
- Optimum Time for each course will be posted at the in-gate.
- Any level may be **entered HC multiple times.**
- **Each level may be entered ONCE competitively.** Ribbons will be awarded per level. No division splits
- **JACKPOT Rounds will be scored separate and \$10 of each entry will be added to prize money and paid to the top four places – 40%, 30%, 20%, 10%.** Rounds will be scored based on fastest time with no faults. Jackpot rounds will only be offered at BN, N, T and P.
- No class will start BEFORE its stated time.
- Paper pinny numbers will be used. Bring your own pinny holders!
- **NO REFUNDS** for no-shows. Class Scratch Fee is \$5. Show Scratch Fee is \$15.
- **Competition Cancellation:** No refund.
- No unauthorized motor vehicles on cross country course or near the arenas.
- **\$50 returned check fee.**
- **NO unleashed dogs. Unleashed dogs will incur \$100 fine and competitor elimination.**
- Ride times will be posted on the THURSDAY before the show at www.lochmoyfarm.com.
- Vet will be on call.
- Farrier will be on call.
- **Current Negative Coggins and Loch Moy Farm waiver required with entry form. WE DO NOT KEEP PAPERWORK ON FILE.**
- **Non-competing horse grounds fees:** \$25 per horse if day-only. \$50 per horse if stabling. Include coggins of non-compete horse with entry.

There will be dressage show at the same time as the Stadium rounds. Sign up for the dressage show and practice a test or two! Separate entry required. See the website for the FADS Dressage show entry form. Note on this entry if you are riding a dressage test as well.

Send entries to:

shows@lochmoyfarm.com

or

Loch Moy Farm

1235 Park Mills Road Adamstown, MD 21710

Phone (301) 514-0111 Fax 866-533-2125 www.lochmoyfarm.com

Jackpot Jumpers

2017 Entry Form

(\$15 per round pre-entry, \$20/round day of, \$30/Jackpot. Don't wait to enter – classes may fill!)

Rider's Name: _____ Date of Birth: _____
JR (18 & Under) - SR (19 & Up) CIRCLE ONE

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address (please print clearly): _____

Horse's Name: _____ Coach at Event: _____

Other Notes: _____

Coggins Date: _____ Coggins Accession #: _____

SHOW DATE:

April 8 August 6 September 30

| Level | Fee | Total # of Rounds | Total |
|--|--|-------------------|---|
| Write in level and number of rounds per level and if you will be doing a JackPot round: | \$15 per round pre-entry \$20 per round day of \$30 per round for JackPot (Class Scratch fee \$5; Show Scratch Fee \$15) | | |
| Stabling: Come early the day before the event and hack along the river, or school the schooling course for no additional fee when stabling. Applies only to horses entered in the event. | \$50/night, straw only, bale of straw included for bedding, additional bales available @ \$8/bale. Muck deposit of \$25 (SEPARATE CHECK) returned if stall is stripped. Please check out at secretary's stand. | | \$ _____ Plus \$25 Muck Deposit (SEPARATE CHECK) per stall |
| Grounds fee: Non-compete, day only horses \$25 | For non-competing horses that trailer in \$25 | | \$ _____ |
| Credit Card Convenience Fee \$5 | ADD THIS to total if you are paying by CC or Paypal | \$5 | |
| Make Checks Payable to: Loch Moy Farm (Credit Card Payment Available on website) | TOTAL | | |

Acceptance of risk: I acknowledge that equestrian sport is of high risk, and I am participating at my own risk and in full knowledge of the hazards and potential hazards, including death. In consideration of being allowed to participate in the sport, and use the facilities of the Maryland Horse Trials, LLC and Loch Moy Farm, LLC, I hereby assume all of the risks and I hereby release and absolve The Maryland Horse Trials, LLC and Loch Moy Farm, LLC from all responsibility, liability or claims of any nature and kind which might arise from my participation in this activity.

Signature of Rider: _____ Date: _____

Signature of Owner/Agent: _____ Date: _____

Signature of both Parents/Guardians: _____ Date: _____
(If Rider is a Minor)

Follow-up information on all of the above can be requested through a phone call to **(301-514-0111)**, or our **Contact Us** page on www.lochmoyfarm.com
 Fax: (866) 533-2125.

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Credit Card Payment is available on the website. Don't forget to add the \$5 convenience fee. See important checklist below!

There will be a dressage show going on the same day. EMAIL or FAX your paperwork and pay on-line to avoid a long wait at the show office.

Check List:

For a complete entry

- Complete** Entry form (above)
- Participant Agreement (below)
- Check payable to **Loch Moy Farm** or credit card payment on website
- Current Negative Coggins

IMPORTANT:

COGGINS and WAIVER REQUIRED. Email paperwork to avoid standing in line.

SIGN UP EARLY! CLASS MAY FILL.

START TIMES ARE APPROXIMATE. Class will not start BEFORE its stated time.

BRING A PINNY HOLDER or TAPE for your number.

Protective vests are encouraged.

The Maryland Horse Trials, LLC

At Loch Moy Farm, LLC

PARTICIPANT AGREEMENT: Assumption of Risk, Waiver of Liability, and Indemnification Agreement

Assumption of Inherent Risks: I understand and assume the inherent risks involved in equine activities, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding or being in close proximity to horses may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that "inherent risks of equine activities" shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface and subsurface objects;
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of a participant or spectator to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his/her ability.

Waiver of Liability: For the privilege of riding, handling, auditing, observing, and/or working around equines at the Maryland Horse Trials, LLC at Loch Moy Farm (hereinafter "MDHT") on the property of Carolyn Mackintosh and Loch Moy Farm, LLC (hereinafter "Loch Moy") today and on all future dates, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive, and discharge MDHT and Loch Moy, and its directors, managers, employees, volunteers, and agents from any liability or responsibility for accident, damage, injury, or illness to myself or any horse owned or leased by me or any horse not owned by Graham but used by me, or to any family member or spectator accompanying me while on the premises of Loch Moy resulting from the inherent risks of equine activities or from the ordinary negligence (active or passive) of MDHT or Loch Moy.

AND that except in the event of MDHT, Carolyn Mackintosh or Loch Moy's gross and willful negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against MDHT or Loch Moy for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me in relation to the premises and operations of Loch Moy, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of MDHT, Carolyn Mackintosh, or Loch Moy.

Indemnification: I also agree to hold harmless, defend, and indemnify Carolyn Mackintosh, MDHT and Loch Moy (including, but not limited to, costs associated with defending a suit, judgment, courts costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, or others arising from my injury or loss due to my participation as a rider, handler, or spectator.

I further agree to hold harmless, defend, and indemnify Carolyn Mackintosh, MDHT and Loch Moy against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation as a rider, handler, or spectator.

Acknowledgements, Assertions, and Agreements: I warrant that a full and fair disclosure of my equestrian handling and riding abilities have been made to MDHT, Loch Moy, and their agents. Further:

Health Status – I assert that I:

- Have fully disclosed any chronic conditions that could impair my ability to participate in equine activities and have provided a doctor's release permitting my participation (if applicable).
- Do not have any undisclosed chronic physical or mental conditions that would contra-indicate participation in equine activities.
- Possess sufficient physical fitness and skill to enable safe participation with, on, and around equines.

Emergency Care – I authorize or agree that MDHT or Loch Moy:

- May administer emergency first aid, CPR, and use an AED when deemed necessary.
- May secure emergency medical care or transportation (i.e., EMS) when deemed necessary.
- May share my medical history (if known) with emergency medical personnel when deemed necessary.
- And I shall assume all costs of emergency medical care and transportation provided on my behalf.

Rules & Safety Equipment – I agree:

- To abide by the rules and regulations established by MDHT and Loch Moy.
- To wear an SEI/ASTM approved riding helmet at all times while mounted on the horse, or warrant I understand the risk and danger of riding without a riding helmet and so choose not to wear a riding helmet. (NOTE: Riders under 18 yrs of age may not waive the use of a riding helmet.)
- To wear appropriate footwear at all times while on the premises of Loch Moy.
- To inform MDHT or Loch Moy immediately if I become aware of rider conduct or equipment condition that presents a danger to my self or others.
- That MDHT and Loch Moy will conduct all activities in good faith and may find it necessary to terminate my participation if it is determined that I am incapable of safely meeting the rigors of the activity. I accept MDHT and Loch Moy's right to take such actions for the safety of myself, other riders, and/or the horses.

Covenant not to Sue; Mediation; Venue; and Severability Clauses: I covenant not to sue Carolyn Mackintosh, MDHT or Loch Moy for any present or future claim arising directly or indirectly from my participation with equines at Loch Moy Farm. This includes claims resulting from the inherent risks of equine activities and the active or passive negligence of Carolyn Mackintosh, MDHT, or Loch Moy.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Maryland. Any action brought under this Agreement shall be brought within one (1) year of the incident or dispute giving rise to said claim. I further agree that *prior to litigation*, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equines and equine activities from a list acceptable to MDHT, Loch Moy, or Carolyn Mackintosh (whichever party is in dispute). Costs of mediation shall be shared equally by the parties. In the event of litigation, the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees.

I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Acknowledgement of Understanding: I understand this is a legal document and that I am signing this agreement freely and voluntarily. I understand I have the choice *not to participate* as a rider, handler, judge, assistant, volunteer, or spectator in the activity or event held at the facilities of Loch Moy Farm, and, therefore, not sign this agreement.

I have read this 2-page Participation Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue Loch Moy or MDHT, its clinicians, directors, managers, employees, volunteers, and agents for injuries or death resulting from the inherent risks of equine activities or the active or passive negligence of Loch Moy Farm or MDHT. I further acknowledge that I intend my signature to be a complete and unconditional release of all liability, including that due to ordinary negligence by Loch Moy Farm or MDHT, to the greatest extent allowed by the laws of Maryland.

Facsimile signatures shall be accepted as an original signature.

_____ Date

_____ Signature of Participant / Parent / Guardian
(must be at least 18yrs of age to sign) *

_____ If participant is a minor, print name here

_____ Printed Name of Signatory

_____ Date of Birth of Minor Participant

_____ Address

_____ Name of Emergency Contact Person

_____ City, State, Zip Code

_____ Telephone of Emergency Contact Person

_____ Telephone

_____ Email Address

_____ Email Address

* If Participant is a minor (less than 18 years of age), the parental or guardian signature indicates full understanding of the above terms and, as may be permitted by law, is waiving both the rights of the minor participant and the rights of the parent/guardian pursuant to this Agreement.

| | |
|---|--|
| OFFICE USE: | |
| Received by: _____ | Agent (Print Name) |
| MDHT, 1235 Park Mills Road, Adamstown, Maryland 21710 | |
| <input type="checkbox"/> Clinic Participant | <input type="checkbox"/> Competition Participant |
| <input type="checkbox"/> Schooling Participant | <input type="checkbox"/> Spectator / Auditor |
| <input type="checkbox"/> Volunteer | |
| _____ Name of Clinic, Seminar, Program, etc. | |