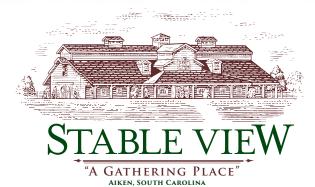
STABLE VIEW SCHOOLING DRESSAGE SHOWS

USDF REGIONAL SCHOOLING SHOW AWARDS PROGRAM PARTICIPATING COMPETITION



DRESSAGE AT STABLE VIEW 2023 CALENDAR



SHOW DATE

EVENT

JUDGE(S)

	Schooling			
January 11	Schooling	KC Betzel (L) Lela Wulf (L)		
Closing Date: January 4	USDF Regional Schooling Show Awards Program			
Closing Dute. Junuary 1	Participating Competition, SCDCTA/NCDCTA Recognized			
February 11-12	USEF/USDF "I LOVE Dressage"	Joan Williams (S)		
Closing Date: January 30	SCDCTA/NCDCTA Recognized	Willette Brown (S)		
March 4-5	USEF/USDF "Southern Comfort"	Kristi Wysocki (S)		
Closing Date: February 20	SCDCTA/NCDCTA Recognized	TBD		
April 22-23	USEF/USDF "Spring Fever"	Cheryl Holekamp (S)		
Closing Date: April 10	SCDCTA/NCDCTA Recognized	Judy Downer (S)		
	Schooling			
May 10	USDF Regional Schooling Show Awards Program	Deborah Moynihan (L w/d)		
Closing Date: May 3	Participating Competition, SCDCTA/NCDCTA Recognized	Amy Grahn (L w/d)		
June 17-18	USEF/USDF "Summer Solstice"	Brian MacMahon (S)		
Closing Date: June 5	SCDCTA/NCDCTA Recognized	Koby Robson (r)		
Closing Dule. June 5				
July 15-16	USEF/USDF "Only In America"	Lisa El-Ramey (S)		
Closing Date: July 3	SCDCTA/NCDCTA Recognized	Kate Hutchings (r)		
August 16-17				
•	USEF/USDF "Too Hot To Trot I"	Alison Head (S)		
Closing Date: August 2	SCDCTA/NCDCTA Recognized	Sandy Osborn (S)		
August 18-20	USEF/USDF "Too Hot To Trot II"	TDD		
Closing Date: August 4	SCDCTA/NCDCTA Recognized	TBD		
0 0	Schooling			
September 13	-			
Closing Date: September 6	USDF Regional Schooling Show Awards Program	TBD		
Slosing Dule. September 0	Participating Competition, SCDCTA/NCDCTA Recognized			
September 14	USEF/USDF "Fall Frenzy"	Tami Datta (C)		
Closing Date: September 1	SCDCTA/NCDCTA Recognized	Tami Batts (S)		
	Schooling			
October 11	Schooling	TBD		
Closing Date: October 4	USDF Regional Schooling Show Awards Program Participating Competition, SCDCTA/NCDCTA Recognized			
closing Dule. October 4				
Nevember 9	Schooling	Colley Crown /L /ch		
November 8	USDF Regional Schooling Show Awards Program	Sally Crews (L w/d) TBD		
Closing Date: November 1	Participating Competition, SCDCTA/NCDCTA Recognized			
December 9-10	USEF/USDF "Winter Wonderland"	TBD		
Closing Date: November 27	SCDCTA/NCDCTA Recognized			

117 Stable Drive Aiken, SC 29801 secretary@stableviewfarm.com || 484.356.3173

2023 SCHOOLING DRESSAGE SHOWS

ENTER & PAY ONLINE:

CLOSING DATE: Entries not postmarked, completed and paid by closing date will be charged a \$20 late fee. Scratches received before the closing date, refund minus \$15 office fee. No refunds after closing date. Ride times will be posted by 5pm on Monday prior to the event at: www.stableviewfarm.com and sent via email. Change Fee \$10.

CLASS LIST

- 1. FEI Test of Choice (Prix St George, Intermediate I or II, Grand Prix, Freestyle)
- 2. Fourth Level Test of Choice (1, 2, 3, Freestyle)
- 3. Third Level Test of Choice (1, 2, 3, Freestyle)
- 4. Second Level Test of Choice (1, 2, 3, Freestyle)
- 5. First Level Test of Choice (1, 2, 3, Freestyle)
- 6. Training Test of Choice (1, 2, 3, Freestyle)

- Intermediate A or B)
- 8. USEF/USEA/WDAA/FEI/Para Test of Choice (small or large ring depending on test)
- 9. USEA Test of Choice (Beginner Novice A or B, Novice A or B, Training A or B, Preliminary A or B)
- 10. Intro Test of Choice (A, B, or C)

*Class 8 will run in arena warranted. Classes 9 - 10 will be in 20 x 40 m ring, all others in 20 x 60 m ring. Please dress casual, tack rules apply. Listed classes will be split A (Amateur), J (Junior/Young Riders), O (Open) if entries warrant.

Rider Name	Horse Name			Rider Sta	tus: A _ J _ O	
Name				Phone		
Address						
Test of Choice						
				Phone		
Rider USDF				Horse USDF		
Owner USDF				SCDCTA	NCDC	ΤΑ
ENTRY INFO	FEE	QUANTITY		NOTES		TOTAL
Late Fee	\$20		Only apply after closing date or incomplete by closing.		e by closing.	\$
Test of Choice	\$35					\$
Non-Compete Horse	\$30					\$
Stabling	\$80		Per night			\$
Shavings	\$8/\$10		\$8 per bag before closing date/\$10 per bag after closing date		\$	
Total Fees Due	\$					<u> </u>
Please make checks payable to Stable View, LLC. There is a \$30 charge for returned checks.			Stabling, Shavings and Accommodations are available upon request.			
Mail Entry Form, Coggins, Release Form and Payments to				Office Hours: One hour prior to start of show.		
Stable View, 117 Stable Drive Aiken, SC 29801			29801	Ribbons awarded 1st through 6th place per class		

7. USEA Test of Choice (Advanced A or B,



Fees: \$





484.356.3173 || secretary@stableviewfarm.com || www.stableviewfarm.com

For Office Use Only Coggins: # _____

Release: _____

RELEASE AND INDEMNITY

STABLE VIEW, LLC

WEREAS, IN CONSIDERATION FOR AND AS AN INDUCEMENT FOR CYNTHIA A. OLLIFF, BARRY M. OLLIFF AND STABLE VIEW, LLC AGREEING TO ALLOW THE UNDERSIGNED TO ENGAGE IN EQUINE ACTIVITIES (INCLUDING BUT NOT LIMITED TO RIDING, TRAINING, BOARDING AND/OR CARING FOR HORSES OWNED, LEASED OR UNDER THE CONTROL OF THE UNDERSIGNED (THE "HORSES") AT THE FACILITY OF THE AFORESAID LOCATED ON SPRINGFIELD CHURCH ROAD (THE"EQUESTRIAN CENTER"), ALL IN AIKEN COUNTY. SOUTH CAROLINA, THE UNDERSIGNED HEREBY AGREES AS FOLLOWS:

_____ 1. I (WE) AGREE TO HOLD CYNTHIA A. OLLIFF AND BARRY M. OLLIFF (COLLECTIVELY. THE'OLLIFFS"), AND STABLE VIEW, LLC ("SV"), THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES HARMLESS FROM ANY CLAIM FOR LOSS OR INJURY THAT MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY TO ANY PERSON OR THING (INCLUDING THE HORSES) BY THE ACT OF OTHER PERSONS, OWNERS, GUARDIANS AND/OR THEIR ANIMALS WHILE AT THE FARM.

2. I (WE) ACKNOWLEDGE AND AGREE THAT THE COMPANY. SV AND THE OLLIFFS SHALL NOT BE LIABLE FOR ANY SICKNESS. DISEASE. THEFT, DEATH OR INJURY WHICH MAY BE SUFFERED BY THE HORSE(S) WHILE AT THE FARM. I (WE) UNDERSTAND AND ACKNOWLEDGE THAT ALL RISKS RELATED TO BOARDING, TRAINING, RIDING AND SHIPPING OF HORSE(S), OR FOR ANY OTHER REASON, ARE TO BE BORNE BY US. I (WE) FURTHER AGREE TO HOLD COMPANY, SV AND THE OLLIFFS HARMLESS FROM ANY CLAIM FOR LOSS TO OUR HORSE(S) BY DISAPPEARANCE, THEFT, DEATH OR OTHERWISE, AND FROM ANY CLAIM FOR DAMAGE OR INJURY TO OUR HORSE(S), WHETHER SUCH LOSS, DISAPPEARANCE, THEFT, DAMAGE OR INJURY, BE CAUSED OR ALLEGED TO BE CAUSED BY THE NEGLIGENCE OF COMPANY, SC OR THE OLLIFFS, OR BY THE NEGLIGENCE OF ANY OTHER PERSON, OR ANY OTHER CAUSE OR CAUSES. THIS WAIVER RELATES SPECIFICALLY TO STABLE VIEW LLC. RIDING ON ADJACENT PROPERTY INVOLVES RISKS FOR WHICH STABLE VIEW LLC CANNOT BE HELD RESPONSIBLE.

_____ 3. I (WE) HEREBY ACKNOWLEDGE THE RISKS RELATED TO COVID-19 A/K/A THE CORONAVIRUS. I AGREE TO HOLD SV HARMLESS FROM ANY CLAIM FOR ILLNESS OR DEATH ARISING FROM THE VIRUS THAT MAY BE ALLEGED TO HAVE BEEN CAUSED DIRECTLY OR INDIRECTLY FROM EXPOSURE TO THE VIRUS AT ANY SV FUNCTION OR FACILITY. I AGREE THAT SV SHALL NOT BE LIABLE FOR ANY SICKNESS, DISEASE, OR DEATH WHICH MAY BE SUFFERED BY MYSELF OR ANY GUEST OR INVITEE OF MINE ARISING FROM OR RELATED TO THE VIRUS. I AGREE THAT ALL RISKS RELATING TO THE VIRUS ARE TO BE BORNE BY ME. I HEREBY ASSUME THE SOLE RESPONSIBILITY FOR AND AGREE TO INDEMNIFY, DEFEND AND SAVE SV HARMLESS FROM ANY AND ALL LOSS AND EXPENSES (INCLUDING LEGAL AND EXPERT WITNESS FEES ACTUALLY INCURRED) BY REASON OF THE LIABILITY IMPOSED UPON SV DUE TO ILLNESS, INCLUDING DEATH AT ANY TIME RESULTING THEREFROM, SUSTAINED TO MYSELF, MY GUESTS AND INVITEES, ON ACCOUNT OF THE VIRUS. I EXPRESSLY WARRANT AND REPRESENT TO SV THAT NEITHER I NOR ANY OF MY GUESTS OR INVITEES HAVE KNOWINGLY CONTRACTED NOR BEEN EXPOSED TO THE VIRUS NOR ARE ANY OF THE AFORESAID EXHIBITING ANY SYMPTOMS OF THE VIRUS. IN THE EVENT THAT I LATER DISCOVER THAT THE AFORESAID REPRESENTATION AND WARRANTY IS FALSE IN ANY MANNER, I AGREE TO IMMEDIATELY NOTIFY SVAND PROVIDE AS MUCH DETAILED INFORMATION AS IS AVAILABLE.

_____ 4. I (WE) HEREBY ASSUME THE SOLE RESPONSIBILITY FOR AND AGREE TO INDEMNIFY, DEFEND AND SAVE COMPANY, SV AND THE OLLIFFS HARMLESS FROM ANY AND ALL LOSS AND EXPENSES (INCLUDING LEGAL AND EXPERT WITNESS FEES ACTUALLY INCURRED) BY REASON OF THE LIABILITY IMPOSED UPON ANY OF THE AFOREMENTIONED PARTIES DUE TO BODILY INJURIES, INCLUDING DEATH AT ANY TIME RESULTING THEREFROM, SUSTAINED TO ANY PERSON OR PERSONS, INCLUDING MYSELF (OURSELVES) OR ON ACCOUNT OF DAMAGE TO PROPERTY, ARISING FROM OUR HORSE(S), HOWSOEVER SUCH INJURIES, DEATH OR DAMAGE TO PROPERTY OR PERSON MAY BE CAUSED, AND WHETHER OR NOT THE SAME MAY HAVE BEEN CAUSED BY OR ALLEGED TO HAVE BEEN CAUSED BY THE NEGLIGENCE OF COMPANY, SV OR THE OLLIFFS, OR THEIR AGENTS OR ANY OTHER PERSONS.

_____ 5. I (WE) EXPRESSLY ASSUME ALL RISKS FOR MYSELF, GUARDIANS, MY CHILDREN, MY PETS AND MY ANIMALS HEREUNDER.

_____ 6. (WE) ACKNOWLEDGE AND AGREE, BY SIGNING THIS RELEASE AND INDEMNITY, THAT PURSUANT TO S.C. CODE ANNOTATED SECTION 47-9-720, AN EQUINE ACTIVITY SPONSOR OR AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, AND NO PARTICIPANT OR PARTICIPANT'S REPRESENTATIVE MAY MAKE A CLAIM AGAINST, MAINTAIN AN ACTION AGAINST, OR RECOVER FROM AN EQUINE ACTIVITY SPONSOR, OR AN EQUINE PROFESSIONAL FOR INJURY, LOSS, DAMAGE, OR DEATH OF THE PARTICIPANT RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY.

____ 7. I (WE) UNDERSTAND THAT WE ARE WAIVING THE RIGHT TO BRING A LAWSUIT OR MAKE ANY OTHER CLAIM AGAINST COMPANY, SV OR THE OLLIFFS, THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND EMPLOYEES, AND I FURTHER UNDERSTAND THAT THIS RELEASE AND INDEMNITY WILL BE PRESENTED AS A COMPLETE DEFENSE AGAINST ME IF I (WE) DO BRING ANY LAWSUIT OR CLAIM AGAINST COMPANY, SV OR THE OLLIFFS, THEIR MEMBERS, DIRECTORS, OFFICERS, AGENTS, VOLUNTEERS AND/OR EMPLOYEES. THIS RELEASE AND INDEMNITY SHALL BE BINDING UPON MY (OUR) HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGN.

MY SIGNATURE BELOW CERTIFIES THAT! HAVE READ THIS ENTIRE DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.	STABLE VIEW

EMAIL ADDRESS	PHONE#
DATE	SIGNATURE (MUST BE 18 YEARS OR OLDER)
WITNESS	PRINT NAME
SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER 18	PRINT NAME