

Grand Paradise Ranch Dressage / Western Dressage / Halloween Class Schooling Show
Show Entries Due Oct 14 GPR Students Only Halloween Costume Class Entries Due Oct 7

Rider's Name: _____
 Rider's Phone: _____
 Rider's Email: _____
 Rider's Address _____
 Riders Age if under 21: _____

Show Date: Oct 28
 Horse's Name: _____
 Horse's Breed: _____
 WDAA Member: Not Rated
 MISHO Member: Yes No
 THT Member: Yes No

DRESSAGE - \$25 Per Class	
USDF Intro Test A – Open	
USDF Intro Test A – ATR/JTR	
USDF Intro Test B – Open	
USDF Intro Test B – ATR/JTR	
USDF Intro Test C – Open	
USDF Intro Test C – ATR/JTR	
Training Test 1 – Open	
Training Test 1 – ATR/JTR	
Training Test 2 – Open	
Training Test 2 – ATR/JTR	
Training Test 3 – Open	
Training Test 3 – ATR/JTR	
First Level Test 1 – Open	
First Level Test 1 – ATR/JTR	
First Level Test 2 – Open	
First Level Test 2 – ATR/JTR	
First Level Test 3 – Open	
First Level Test 3 – ATR/JTR	
Second Level Test 1 – Open	
Second Level Test 2 – Open	
Second Level Test 3 – Open	
Dressage Test of Choice	
Dressage Test of Choice	

WESTERN DRESSAGE - \$25 Per Class		Registration Info
Western Dressage Intro Test 1 – Open	To sign up for the show, please include the following which can be sent via mail, fax, or email: <ul style="list-style-type: none"> • Entry Form • Release Form • Hard Hat Release • Payment • Current Coggins <p align="center">Mailing Address Grand Paradise Ranch 901 Grand Paradise Lane Caseyville IL62232</p> <p align="center">Fax number: 618-345-3016</p> <p align="center">Email address: linda@grandparadiseranch.com</p> <p align="center">Checks payable to: Grand Paradise Ranch</p> <p align="center">Show questions. Linda 618-779-0579</p> <p align="center">GPR Student Questions Jessica 618-980-3939</p> <p align="center">Food Stand on Premises</p>	
Western Dressage Intro Test 1 – ATR/JTR		
Western Dressage Intro Test 2 – Open		
Western Dressage Intro Test 2 – ATR/JTR		
Western Dressage Intro Test 3 – Open		
Western Dressage Intro Test 3 – ATR/JTR		
Western Dressage Intro Test 4 – Open		
Western Dressage Intro Test 4 – ATR/JTR		
Western Dressage Basic Test 1 – Open		
Western Dressage Basic Test 1 – ATR/JTR		
Western Dressage Basic Test 2 – Open		
Western Dressage Basic Test 2 – ATR/JTR		
Western Dressage Basic Test 3 – Open		
Western Dressage Basic Test 3 – ATR/JTR		
Western Dressage Basic Test 4 – Open		
Western Dressage Basic Test 4 – ATR/JTR		
Western Dressage Level 1 Test 1 – Open		
Western Dressage Level 1 Test 1 – ATR/JTR		
Western Dressage Level 1 Test 2 – Open		
Western Dressage Level 1 Test 2 – ATR/JTR		
Western Dressage Level 1 Test 3 – Open		
Western Dressage Level 1 Test 3 – ATR/JTR		
Western Dressage Level 1 Test 4 – Open		
Western Dressage Level 1 Test 4 – ATR/JTR		
Western Dressage Test of Choice		
Western Dressage Test of Choice		

Halloween Costume Class
 Horse/Rider Halloween Costume Class

Hold Harmless & Emergency Contact

Agreement to hold harmless: In consideration of acceptance of this entry I agree to hold harmless any directors or officers as well as any owners, trainers, family members or agents of Grand Paradise Ranch from any claim or loss or accidental injury or death which may be alleged to have been caused directly or indirectly to myself, child, or horse.

Signature – Rider or Parent/Guardian if under 18

Print Name _____

Emergency contact name _____

Emergency phone # _____

Grand Paradise Entry Fees	
\$	Total Class Fees (\$25 per Class)
\$ 35	Office Fee -\$35 Per Day Horse/Rider Combination
\$ 10	Grounds Fee Per Day Per Horse/ Rider Combination
\$	Coaching/Training - \$50 Per Day - Per Horse/Rider Combo <i>Required for GPR Lesson Students on GPR Horses</i>
\$	Stalls - \$30 per day incl. sawdust. Circle days Fri / Sat / Sun.
\$	Credit Card Convenience Fee 3% of total amount
\$	Total Show Fees

Credit Card Information

Credit Card Number _____
 Name on Credit Card _____
 Expiration Date _____ CVV _____ Zip Code _____
 Signature _____

Office Use Only:									
Show # _____	Entry Complete _____	Amount Paid _____	Payment Type _____	Check # _____	Release From _____	Hard Hat Release _____	Current Coggins _____	CC Charge Date _____	

RELEASE, WAIVER, HOLD HARMLESS, ASSUMPTION OF RISK, DEFEND, AND INDEMNIFY AGREEMENT FOR INFECTIOUS DISEASES INCLUDING COVID-19 RELATED LOSS

**WARNING: IMPORTANT
NOTICE**

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF ILLNESS, INJURY, OR DEATH (collectively "Loss") ARISING OUT OF YOUR PRESENCE AT THE FACILITY SPECIFICALLY RELATED TO COVID-19 OR ANY OF ITS MUTATIONS, FORMS, DERIVATIVES, OR OTHER INFECTIOUS DISEASES (collectively "COVID-19").

I, the undersigned, hereby enter into this Release, Waiver, Hold Harmless, Assumption of Risk, Defend, and Indemnify Agreement for Infectious Diseases Including COVID-19 Related Loss ("**Agreement**") in consideration of my, and my minor child if applicable (collectively "**I**", "**me**", or "**my**"), ability and permission to access, utilize, occupy, visit, attend, or otherwise be present on Grand Paradise Ranch, Inc. property ("**the Facility**") during and after the COVID-19 pandemic, for any reason, whether or not related to equines or equine activities.

1. Risk of Loss/Protective Measures/No Guarantee: By signing this Agreement, I hereby acknowledge that I have familiarized myself with the risk of Loss being present at the Facility for any reason whatsoever and the protective measures at the Facility intended to minimize my risk of exposure to COVID-19. I agree the protective measures are satisfactory and sufficient for me to accept and assume the risk of my COVID-19 exposure resulting from accessing, utilizing, occupying, visiting, attending, or otherwise being at the Facility occupied by other individuals; however, I understand and agree that Released Parties cannot guarantee: (a) the protective measures can or will prevent my exposure to COVID-19; (b) will be complied with by all individuals at the Facility; or (c) that others will not act in a negligent manner that may contribute to my Loss or contraction of COVID-19. I agree to fully comply with all protective measures required by Grand Paradise Ranch, Inc. as they now exist or may be revised from time-to-time. I accept full responsibility for my own safety and the sanitization of myself and my personal property and/or other personal property I contact at the Facility. If I am a parent or legal guardian of a minor individual at the Facility, I consent to the minor's presence at the Facility and agree to remain responsible for the minor's Loss and minor's compliance with all required protective measures.

2. Medical Attention/Disclosure: I understand and agree that engaging in equine activities or merely being at the Facility exposes me to inherent risks of personal injury that may require medical attention including, but not limited to, first aid and/or emergency medical care. I therefore consent to personal contact by Released Parties and/or medical personnel deemed necessary for providing for my care at the Facility and/or the hospital, even at the risk of my COVID-19 exposure. I agree to hold Released Parties harmless for such medical attention and any Loss directly or indirectly resulting therefrom. I agree that in the event I am diagnosed as infected with COVID-19, I authorize medical personnel to provide Grand Paradise Ranch, Inc. information regarding my Loss and treatment for contact tracing or any other purpose.

3. Release/Hold Harmless/Defend/Indemnify: I agree to release, hold harmless, defend, and indemnify Grand Paradise Ranch, Inc., Linda Freeman, Tom Freeman, the owner/tenant/lessor/user/occupier of the Facility, and their respective relatives, heirs, trustees, beneficiaries, related entities, members, managers, owners, officers, directors, agents, assigns, employees, working students, volunteers, contractors, trainers, clinicians, guests, visitors, invitees, partners, lessors, lessees, licensors, licensees, and others acting on their behalf (collectively "**Released Parties**") from and against any liability, attorneys' fees, costs, or other Loss I may incur arising out of or in any way connected with my exposure to or contraction of COVID-19 as a direct or indirect result of my presence at the Facility whether by my negligence or the negligence or other wrong doing of Released Parties (except willful and wanton or intentional misconduct).

4. Bound Parties/Governing Law/Jury/No Expiration/Time Limitations/Severability/Modification: I understand and agree the terms of this Agreement are binding on my spouse, partner, family members, minor child, heirs, agents, trustees, beneficiaries, representatives, relatives, successors, and assigns and I agree to all the terms and conditions of this Agreement on my own behalf and on behalf of my minor for purposes of permitting our presence at the Facility. In the event of a claim or dispute arising out of or relating to the interpretation or enforcement of this Agreement, I agree Illinois law applies, that all disputes surviving this Agreement must be resolved exclusively by the state court in St. Clair County, Illinois and I waive my right to a jury trial. I agree that this Agreement does not expire and that any surviving claims must be brought within one (1) year of the date accrued. If any provision of this Agreement is deemed invalid or unenforceable, the remaining provisions shall be valid and enforceable to the fullest extent of the law. This Agreement can only be modified in writing signed by myself and Linda or Tom Freeman.

WARNING

BEFORE SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION CONTAINED THEREIN. I ACKNOWLEDGE THAT I DO NOT NEED ANY FURTHER EXPLANATION OF ITS CONTENTS AND WAIVE ANY FURTHER EXPLANATION. I HAVE VOLUNTARILY AGREED TO ITS TERMS AND PROVISIONS, UNDERSTAND AND AGREE THAT I HAVE OTHER FACILITIES TO CHOSE FROM, AND AGREE THAT NO OTHER STATEMENT, REPRESENTATIONS OR INDUCEMENT, APART FROM WHAT IS STATED IN THIS AGREEMENT, HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT AND MY SIGNATURE.

Date: _____ Printed Name: _____

Signature: (on my own behalf and on behalf of minor, if applicable): _____

Address: _____

Phone: _____ E-mail: _____

Emergency Contact (name and phone #): _____

HARD HAT AGREEMENT

I, the undersigned, being over 18 years of age and riding only my own horse, understand that either failing to wear protective headgear, or wearing protective headgear not ASTM/SEI approved while riding horses, increases the risk of serious injury and/or death. Understanding these risks, I am voluntarily electing to ride without protective headgear and/or without an ASTM/SEI approved headgear.

I, on my own behalf, and on behalf of my spouse, heirs, agents, representatives, relatives, successors, and assigns, agree to release and hold Grand Paradise Ranch, as well as its managers, officers, directors, members, partners, subsidiaries, parent companies, affiliates, agents, attorneys, assistants, representatives, assigns, volunteers, employees, independent contractors, trainers, animal owners, and others acting on their behalf, as well as these individuals' spouse, heirs, relatives, agents, attorneys, assigns, and others acting on their behalf (collectively "Released Parties"), harmless for any illness, injury, death, damage, or other loss incurred by me or others as a result of my not wearing protective headgear or wearing protective headgear not ASTM/SEI approved.

I, on my own behalf, and on behalf of my spouse, heirs, agents, representatives, relatives, successors, and assigns, agree to reimburse Grand Paradise Ranch for any and all attorneys' fees and costs incurred by it in enforcing the terms of this Agreement and/or in defending or prosecuting any claims or causes of action arising out of this Agreement.

This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois. All disputes relating to the interpretation and enforcement of the provisions of this Agreement shall be resolved exclusively by the state court located in St. Clair County, Illinois, and I hereby submit to the jurisdiction and venue of the court for such purpose. I, on my own behalf, and on behalf of my spouse, heirs, agents, representatives, relatives, successors, and assigns, agree that any and all claims and/or causes of action, for injury, death, property damage or other claims or losses, against Grand Paradise Ranch, and/or their respective heirs, spouse, directors, members, subsidiaries, affiliates, agents, officers, assigns, volunteers, employees, independent contractors, and affiliated groups, must be brought within one (1) year of the date of the occurrence giving rise to such claim or loss.

By signing below, I agree that I have read this entire Agreement and understand, agree, and intend on my own behalf, and on behalf of my spouse, heirs, agents, representatives, relatives, successors, and assigns, to be bound by all of the terms and conditions contained herein.

WARNING

UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES

Dated: _____ Signature: _____

Name: _____

Address: _____

Phone No. _____