



**FLYING COLORS
OPEN DRESSAGE**

Big Sky Horse Park

SATURDAY, >i bY', ž&\$%

Name: _____
 Address: _____
 City/State/Zip: _____
 Email: _____
 Phone: _____
 Horse Owner: _____
 Coach: _____
 2018 BSHP Member: Yes _____ No _____ ID# _____

| HORSE'S NAME: | \$25 / TEST | TOTAL |
|---|--|----------------|
| TEST : | | |
| TEST : | | |
| TEST : | | |
| TEST : | | |
| ONE HORSE PER ENTRY FORM | | |
| See Attached Sheet for Dressage Tests Additional Tests by Request Only All USEF to be ridden in Large Arena / Eventing Tests in Small Arena | | |
| RIDE TIMES WILL BE POSTED ON STARTBOXSCORING.COM | | |
| STALLS, SHAVINGS AND RV HOOKUPS: | | |
| 50 stalls are available: | Stalls \$ × _____ night(s) | |
| 1 bag of shavings included w/ each stall. | Additional Shavings: \$10 X _____ bag(s) | |
| Stable With: | Arrival Date: | |
| STALL CLEANING DEPOSIT REQUIRED (please see below) | RV Hookup: \$15× _____ night(s) | |
| NON-BSHP MEMBER FEE \$15 | | |
| \$20 OFFICE FEE MUST BE PAID BY ALL ENTRANTS | | \$20.00 |
| CLOSING DATE: 5PM, TUESDAY, June 4 | | |
| ALL ENTRIES BY USPS ONLY. ALL ENTRIES RECEIVED AFTER JUNE 4 WILL BE CHARGED A \$30 LATE FEE. | | |
| NO REFUND WITHOUT VETERINARY OR MEDICAL STATEMENT (LESS \$20 OFFICE FEE) | TOTAL FEES DUE | |

For more information or questions please contact: Susie Mayer: 406.728.3830 (daytime/prior to show and, yes, this is my office number) or email: smayer@litigationabstract.com

MAIL ENTRY TO: MHC c/o Jenni Johnson, PO Box 5992, Missoula, MT 59806

Please make checks payable to: Big Sky Horse Park (BSHP) * * * PLEASE - 1 CHECK PER RIDER * * *

STALL CLEANING DEPOSIT (WRITE SEPARATE REFUNDABLE CHECK) \$ × _____ stall(s) Check # _____

Your cleaning deposit check will be torn up after inspection and upon conclusion of the event if the stall is completely stripped. Thank you for helping keep our park beautiful! Please provide the cleaning deposit in a separate form of payment in order to receive refund.

Assumption of Risk Agreement
Must be completed and submitted with entry form

I, the undersigned, _____
herein request access and permission to occupy, use, enjoy and/or ride or handle horses on the premises of the Big Sky Horse Park, hereinafter referred to as BSHP. I understand and agree that whether I am participating in equine activities within the BSHP premises or exposing myself to the inherent hazards or injuries associated with equine handling and activities on any part of the premises, I am doing so willingly with the understanding that horses are inherently dangerous.

Further, I understand, the purpose of MCA 27-1-725 through 27-1-727 is to assist courts and juries in defining the circumstances under which persons responsible for equines may be found liable for damages to persons harmed in the course of equine activities. It is the policy of the State of Montana that a person is not liable for damages sustained by another solely as a result of risks inherent in equine activities if those risks are or should be reasonably obvious, expected, or necessary to persons engaged in equine activities. It is the policy of the state of Montana that an equine activity sponsor or equine professional who is negligent and causes foreseeable injury to a participant bears responsibility for that injury in accordance with other applicable law.

Further, the undersigned, acknowledges that I have had the opportunity to inspect the premises and surrounding conditions for inherent hazards associated with the nature of the premises (including icy winter conditions) each time I occupy said premises as a member, participant, spectator or invitee and therefore wish to make this acknowledgment and agreement perpetually binding from the date herein signed.

Print Name (Clearly)

Signature _____ Date _____

Address _____

Cell Phone _____ Email _____

**Under 18 riders at Big Sky Horse Park must wear ASTM/SEI approved riding helmets. Missoula Horse Council encourages the use of approved and properly adjusted riding helmets, safe tack and responsible horsemanship for all riders at the Big Sky Horse Park. Any photographs of me or my horse taken at the BSHP or MHC events can be used to promote the park.*

Emergency contact names and numbers (require at least one):

Name of Contact Person TelNo. _____

Name of Contact Person TelNo. _____

Supervising a minor: The below signed herein certifies I am a parent or legal guardian having full authority and acknowledge that the minor above named, understands and accepts that they are assuming inherent risks associated with equine activities they are involved in on the premises above named.

Signature of legal guardian _____ Age of minor _____

ADDITIONAL INFORMATION

We encourage members who enter the Park from South Ave. to use 31st (just east of Big Sky High School) instead of 35th. This will decrease traffic for our neighbors on 35th.

Please remember to include and sign an assumption of risk form for every horse/rider team for every show. We are required to have a new one on file for each event. Thank you!

Ride times will be posted the Friday before the event on Startboxscoring.com and at the BHSP show office. If you need your ride time prior to Friday, please contact Susie Mayer at (406) 728--3830 or smayer@litigationabstract.com. She will give you an estimate of when your division will ride. Ride times provided prior to Friday are subject to change.

OPEN DRESSAGE TEST MENU:

Links to the dressage tests are available on BSHP website at <http://bigskyhorsepark.org/dressage-tests/>

| Western Dressage (WDAA) | USDF and USEF Dressage Tests (All 2019 tests) | USEA Dressage Tests (All 2018 tests) |
|--|---|---|
| Intro Level Test 1 | Intro Test A | Beginner Novice Test A |
| Intro Level Test 2 | Intro Test B | Beginner Novice Test B |
| Intro Level Test 3 | Intro Test C | Novice Test A |
| Intro Level Test 4 | Training 1 | Novice Test B |
| Basic Level Test 1 | Training 2 | Training Test A |
| Basic Level Test 2 | Training 3 | Training Test B |
| Basic Level Test 3 | First 1 | Modified Test A |
| Basic Level Test 4 | First 2 | Modified Test B |
| Level 1 Test 1 | First 3 | Test of Choice for Prelim and above (Please indicate tests) |
| Level 1 Test 2 | Second 1 | |
| Level 1 Test 3 | Second 2 | |
| Level 1 Test 4 | Second 3 | |
| Level 2 Test 1 | Third 1 | |
| Level 2 Test 2 | Third 2 | |
| Level 2 Test 3 | Third 3 | |
| Level 2 Test 4 | Test of Choice for Fourth Level and FEI tests (Please indicate tests) | |
| Level 3 Test 1 | | |
| Level 3 Test 2 | | |
| Level 3 Test 3 | | |
| Level 3 Test 4 | | |
| Test of Choice for Level 4 and Freestyle (Please indicate tests) | | |