



220 Talcott Hill Rd Coventry, CT 06238  
 CROSS-COUNTRY DERBY ENTRY FORM  
 2021 Dates: 5/23, 7/25, 8/29

**ENTRIES:**

Pre-Entries are required, with payment, by the Friday before the event.

Mail to: Derby Secretary, 20 Talcott Hill Rd, Coventry CT 06238, or email to [athene@ctequestrian.com](mailto:athene@ctequestrian.com)

Payment should be made by check to Vincent Flores Dressage, LLC,  
 or by Venmo to Vincent-Flores-7, (832) 205-2285.

A completed Release Form, and current Coggins, must accompany the entry.

**DIVISIONS:** (\$35 per round; \$60 on a CEC school horse).

Start time: 10 am unless otherwise announced

- A. Ground Poles & Leadline
- B. Pre-Elementary: 12'
- C. Elementary: 18"
- D. Beg Novice: 2' 3"
- E. Novice: 2' 11"

Unjudged rounds (\$15 per round) are permitted before the judged round, but both the unjudged and the judged rounds must be paid for.

Cross-entries between divisions are permitted. Jumping a higher option will not be penalized, but jumping a lower option will result in elimination.

**ATTIRE:**

Riders must wear an ASTM/SEI approved helmet, and appropriate footwear. Protective vests are strongly recommended.

**SCORING:**

Penalty points will be assigned for refusals and rails.

The lowest score wins. In the case of a tie, the horse/rider combination closest to the OPTIMAL (appropriate time for the course) time will win.

Knock Down -- 4 points

1st Refusal -- 10 points; 2nd Refusal at same fence -- 20 points; 3rd refusal same fence {E}

4 Refusals in Whole Course {E}

Fall of horse or rider results in immediate elimination and the competitor must leave the course.

Division	NAME OF RIDER	Age	NAME OF HORSE / PONY	UNJUDGED ROUND Y/N \$15 per round	CLASS/DIVISION FEE : \$35 per round; \$60 with use of a school horse	TOTAL:
					Grounds Use & Ins. Fee: \$10	\$10
	Checks / Venmo to: Vincent Flores Dressage				Total:	

**EQUINE RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*I hereby enter into this agreement in consideration of my ability and permission to take riding lessons with, or to have my owned horse ridden by:*

**Vincent Flores Dressage, LLC**

*Whose address is 220 Talcott Rd, Coventry CT 06238.*

**IMPORTANT NOTICE**

*BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING AND/OR PARTICIPATION IN EQUINE ACTIVITIES Vincent Flores Dressage LLC, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR Vincent Flores.*

*READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.*

*By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:*

- \_ Bites, kicks, abrasions or contusions from horses.*
- \_ Being thrown or bucked off by horses.*
- \_ Scratches or other injury from stalls or enclosures.*
- \_ Scratches or other injury from grooming tools and other equine equipment and tack.*
- \_ Allergic reactions to animals, hay, or other allergens.*
- \_ Tripping in holes or on materials or equipment.*
- \_ Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.*

*(Initial) \_\_\_\_\_*

*I hereby specifically forever waive and release Vincent Flores  
From any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Vincent Flores*

*(Initial) \_\_\_\_\_*

*By signing this agreement I hereby acknowledge that although there may be supervision during my time spent with Vincent Flores there will not be a nurse on the premises and Vincent Flores bears no responsibility for my health or medical care.*

*I agree to indemnify, save and hold harmless Vincent Flores from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation with Vincent Flores or any acts or omissions of Vincent Flores.*

*By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities with Vincent Flores without restriction, without liability to Vincent Flores, and with full knowledge and understanding of the disclosures, waivers, and releases herein.*

*(Initial) \_\_\_\_\_*

*Name: (Please Print) \_\_\_\_\_*

*Date: \_\_\_\_\_*

*Participant's Signature: \_\_\_\_\_*

*Parent/Guardian's Signature: \_\_\_\_\_*