

Foxboro Farm

Schooling show

4575 Wrightsboro Rd. Thomson, GA

30824

Offering;

- Dressage test of choice
- Stadium Rounds
- Cross country rounds, solo or in teams.

Saturday, September 23th

Closing date is Friday, September 15th.

Stabling available.

All entries can be sent to

elli.bops@gmail.com or mailed to 702

Grant Dr. Washington, GA 30673

Show manager, Elli Niezen

Contact 706.414.1876

Foxboro Farm Show Class List;

DRESSAGE RING; STARTS AT 9:00 AM; \$50 per test

USDF

(Class # d1) Introductory Test A
(d2) Introductory Test B
(d3) Introductory Test C

(d4) Training Level Test 1
(d5) Training Level Test 2
(d6) Training Level Test 3

(d7) First Level Test 1
(d8) First Level Test 2
(d9) First Level Test 3

(d10) Second Level Test 1
(d11) Second Level Test 2
(d12) Second Level Test 3

(d13) Third Level Test 1
(d14) Third Level Test 2
(d15) Third Level Test 3

(d16) Fourth Level Test 1
(d17) Fourth Level Test 2
(d18) Fourth Level Test 3

USEA

(d19) Beginner Novice Test A
(d20) Beginner Novice Test B

(d21) Novice Test A
(d22) Novice Test B

(d23) Training Test A
(d24) Training Test B

(d25) Modified Test A
(d26) Modified Test B

(d27) Preliminary Test A
(d28) Preliminary Test B

More test available upon request

Stadium Classes;

Start time approx 12:00, depends on entries. \$30.00 per class.

All rounds will run on a Table II, Sec 1 (speed round, no jump off).

(j1) 12"

(j2) 2'

(j3) 2'3

(j4) 2'6

(j5) 2'9

(j6) 3'

(j7) 3'3

(j8) 3'6

(j9) Jumper Sweepstakes;

Jumps will be assigned points depending on size and difficulty.

Heights will range from 2'3 to 3'.

Rider has a set amount of time to to jump whatever they want and accumulate as many points as possible. Same fence can only be jumped 3 times.

Bulging Buttons Class;

This will be one of the last classes of the day, exact start time TBD.

Adult/Sr Fun Class! \$30.00.

Details on classes TBD by Kim Gates. Ask for more info in the office.

Cross Country;

Start Time Approx 3:00 PM, depending on entries.; \$30 class, per person. Safety vest required BN and above.

Complete a course of natural fences as a team or alone. The goal is to be as close to the optimum time as possible. Fly solo or a team of two, three or four people! Optimum times will be posted for each division.

(n1) Starter- 12" to 18"

(n2) BN- up to 2'7"

(n3) Novice- up to 2'11"

(n4) Training- up to 3'3"

Foxboro Farm Stabling and RV Form

- Day stall \$80 ()
- Weekend stall \$130 (Friday through Sunday) ()
- One bag of bedding will be provided with stall
Additional bedding available by early request, \$10.00 bag.

How many additional bags, (if any)?

- Please fill out one stall sheet per horse
- If stabling together what is your barn name?

Horses Name; _____

Owners name; _____

Emergency contact for horse; _____

Will you be bringing an RV? _____

Electric and water available.

\$40.00 per night with hookup.

\$23.00 a night for dry camping.

If so, what day will you be arriving with RV and what day will you be leaving? Arriving ___/___/___ Leaving ___/___/___

Contact information for person responsible for

RV, _____.

Foxboro Farm Show Entry

Your name _____ Email _____

Horse Name _____

Saturday;

Class number(s) for dressage. \$50 per test _____ Fee; _____

Class number(s) for jumper rounds. \$30 _____ Fee; _____

Class number(N) Cross Country \$30 _____ Fee; _____

Class total for Saturday \$ _____.

Office Fee \$10 _____

Grounds Fee \$30 _____

RV per night \$30 _____

Stabling day stall \$80 _____

Stabling weekend \$130 _____

Total \$ _____.

Are you a member of the ACPS? YES() NO()

If entering as a team all members must sign a release!

Teams can be two, three or four people.

Please list everyone on your

team; _____

Release: I understand that horse sports may be hazardous and dangerous. I assume any and all risk of loss or injury to myself, my animals and equipment, other animals or persons, and agree to release from liability and to hold harmless Bay of Plenty Stables LLC and Foxboro Farm of all horse show personnel, and volunteers. WARNING: Under Georgia law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. Inherent risks of equine activities includes: 1)The propensity of an equine to behave in a manner which may cause injury, harm or death to a person on or near it. 2)The unpredictability of an equine's reaction to sounds, sudden movements, unfamiliar objects, individuals or other animals. 3)An equine's reaction to certain natural hazards, such as surface and subsurface ground conditions. 4)A collision with other equines or objects. 5)An equine's response to the participant's manner of handling or controlling it or inability to handle or control it.

Signature of,

Competitor: _____ Date: _____

Signature of,

Parent/Guardian: _____ Date: _____ (Required

if Rider is a Minor) EMERGENCY CONTACT INFORMATION:

Name: _____

ACPS

Welcome to the ACPS Region IV Show

September 23,24 th , 2023

Foxboro Farm

Thomson Georgia

Class List for SUNDAY

Starting at 9 am.

Judge Caroline Nesbitt

Show organiser Kim Gates

1. Purebred Connemara Youngstock. Fillies, colts and gelding, age 2 and under
2. Halfbred Connemara Youngstock. Fillies, colts and geldings, age 2 and under
3. Connemara Sport Horse Youngstock, ¼ bred Fillies, colts and geldings, age 2 and under
4. Open Sport Pony. 14.2 and under, any age. Any breed.
5. Open Sport Horse, over 14.2, any age. Any breed.
6. Purebred Connemara Geldings, age 3 and over.
7. Purebred Connemara Mares, age 3 and over.
8. Purebred Connemara Stallions
9. Purebred Championship, 1 st and 2 nd place winners from classes 1,6,7,8.
10. Half-bred Connemara Geldings, and Mares ages 3 and over and halfbred Championship.
11. Connemara Sport Horse Mares and Geldings age 3 and over. Registered ¼ bred

Connemara. ¼ bred Championship.

Saturday's dressage and Hunter Pace will be managed by Bay of Plenty Stables.

Saturdays and Sundays entries as well as stabling will sent to Bay of Plenty Stables in Washington Georgia. Address and email listed on both entries for Saturday and Sunday.

Classes 4 and 5 are open to all breeds. Judged on suitability as a sport horse.

Conformation and movement.

*In memory of a past Bulging Buttons class where many of our lives were saved by a lightening strike, with judge Caroline Nesbitt, we are going to have another Bulging Buttons class at the end of the day on Saturday. Walk trot only...and no " fire drill or around the world" this time! Stallions welcome! Open to those of a certain age.

Champagne maybe involved!

* Our meeting and dinner at 6:00 on Saturday will be at the Belle Meade Hunt club meeting house. " Boots Hall " is close to Foxboro Farm and a 3 minute drive. We will have our dinner and meeting and Caroline will be speaking on a topic of her choice.

Martin Gates will be making Lasagna and others will need to bring fixins' and libations.

ACPS Region 4 Entry- Sundays in hand classes

Please fill out one form per pony. Make checks for Sunday out to ACPS Region 4. Class fee \$15. Please send proof of negative coggins in with your entry. Mail to Bay of Plenty Stables, 702 Grant Drive Washington Ga. 30673 or email to elli.bops@gmail.com. (This is the show manager's address NOT the *show* address. The show will be held at Foxboro Farm, 4575 Wrightsboro Rd. Thomson GA, 30824 as shown on page one of the prize list).

Ponies registered name.....

Ponies registration number.....

Ponies birth date.....

Breeders name.....

Owners name.....

Handlers name.....

Owners address.....

.....

Emergency contact number.....

Class #.....Owner/handler.....fee.....

Class #.....Owner/handler.....fee.....

Class #.....Owner/handler.....fee.....

Class #.....Owner/handler.....fee.....

Class #.....Owner/handler.....fee.....

Total fee.....

Important information: Please read prior to completing entry form and waiver:

The American Connemara Pony Society, Region _____ show, clinic, or _____ is an Equine Activity conducted in accordance with the Code of (state) _____, Equine Activity Liability Statutes.

The American Connemara Pony Society (ACPS) and the ACPS Region _____ Connemara Pony Society
RELEASE, ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT FOR ACPS members and non-members:

I **AGREE** for myself, and/or my child, my/our administrators and assigns, in consideration for my, and/or my child's participation in this ACPS, Region _____ activity, to the following:

I **AGREE** that I choose to participate voluntarily in an ACPS activity, as a rider, driver, handler, lessee, owner, agent, spectator, volunteer, and/or trainer. I am fully aware and acknowledge that horse sports and ACPS activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

*The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine.

*The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals.

*Hazards, including, but not limited to, surface or subsurface conditions.

*A collision with another equine, another animal, a person, or an object.

*The potential of an individual during an equine activity to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I authorize ACPS/ACPS Region _____, its successors, or assigns, officials, officers, directors, employees, agents, and/or volunteers to obtain and release to any ACPS/ACPS Region _____ personnel (including, but not limited to, organizers, instructors, test examiners, chaperons), and to any first aid and safety personnel, medical professional, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis. Furthermore, I agree and understand that it is my/parental/legal guardian responsibility to ensure that I/my child will not participate in any ACPS/ACPS Region _____ mounted activities if I/my child have/has had a head injury or other medical condition and have/has been restricted from activity, until such time as the injury or condition is resolved and any activity restriction is lifted.

I **agree** to release the ACPS/ACPS Region _____, its successors or assign, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any connected with any harm to me or my horse, and for any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the ACPS/ACPS Region _____ activity, and **specifically agree to the applicable state statute/law regarding equine/farm animal activity liability and signed posting (if any), in any state in which I or my child participates in an ACPS/ACPS Region _____ activity.** I agree to locate, review and understand the full applicable state statutes in place in my jurisdiction. I agree to indemnify (that is, to pay any losses, damages, or costs incurred by) the ACPS/ACPS Region _____ and the ACPS/ACPS Region _____ activity, and to hold them harmless with respect to claims for harm to me or my horse, and for claims made by others for any harm caused by me or my horse in the ACPS/ACPS Region _____ activity.

I **agree** that neither I, nor anyone claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against the ACPS/ACPS Region _____, its successors or assigns, for, on account of arising out of, or in any way connected with any harm to me or my horse, and that neither I, nor anyone claiming through me, will enforce, prosecute, or recover upon, or attempt to enforce, prosecute, or recover upon any claim or right of action whatsoever, which I, or any one claiming through me, may no have or hereafter assert, in any way connected with claims for harm to me or my horse, and for claims made by others for any harms caused by me or my horse at the ACPS/ACPS Region _____

Activity. I **agree** this agreement is the entire agreement of the parties, and supersedes all prior oral and written understandings and agreements. This agreement may be modified only by a written amendment signed/dated by both parties. I **agree** that if any provision of the agreement is found to be invalid or illegal by a court of competent jurisdiction, the remaining provisions shall be construed as if the affected provision had not been included in order to effectuate the intent of the parties.

In the event this form is signed by the parent/guardian of a minor, then all representations and acknowledgments herein are expressly made by, for, and on behalf of the parent/guardian and minor.

By signing below, I **agree** to be bound by all applicable ACPS/ACPS Region _____ rules and all terms and provisions of the ACPS/ACPS Region activity. I **acknowledge** that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to the ACPS/ACPS Region _____ that I fully understand its contents and that I do not need any further explanation, and I waive any further explanation.

I have read and **AGREE** to abide by the above. **REQUIRED--all signatures must be originals, not photocopies.**

DATE

Original signature of participant, or of *Applicant's parent or legal guardian

DATE

Printed name of participant, or of *Applicant's parent or legal guardian

**Signature of Parent or legal guardian required if the applicant is under the age of majority in their state of residence.*