

## Foxboro Farm Show Class List;

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

### USDF

( Class # 1 ) Introductory Test A

(2) Introductory Test B

(3) Introductory Test C

(4) Training Level Test 1

(5) Training Level Test 2

(6) Training Level Test 3

(7) First Level Test 1

(8) First Level Test 2

(9) First Level Test 3

(10) Second Level Test 1

(11) Second Level Test 2

(12) Second Level Test 3

(13) Third Level Test 1

(14) Third Level Test 2

(15) Third Level Test 3

(16) Fourth Level Test 1

(17) Fourth Level Test 2

(18) Fourth Level Test 3

### USEA

(19) Beginner Novice Test A

(20) Beginner Novice Test B

(21) Novice Test A

(22) Novice Test B

(23) Training Test A

(24) Training Test B

(25) Modified Test A

(26) Modified Test B

(27) Preliminary Test A

(28) Preliminary Test B

### More test available upon request

JUMPER RING; STARTS AT 11:00 AM; \$30 per round

All are II.2.1 speed rounds

(29) 12" cross rails (TROT ONLY)

(30) 2' (TROT ONLY)

(31) 2'3

(32) 2'6

(33) 2'9

(34) 3'

(35) 3'3

SCHOOLING/UNJUDGED ROUNDS ARE ALLOWED, \$20.00 PER

TEAM CLASSES; STARTS AT 3:00 PM; \$50 per team

Complete natural course as a team as close to optimum time as possible. Jump height options available at most every fence.

(36) walk/trot 'fox teams'

(37) trot/canter 'coyote teams'

# Foxboro Farm Open Show Entry

## Saturday, Sept 11

Your Name \_\_\_\_\_

Horse Name \_\_\_\_\_

Saturday-

Class numbers for dressage \$50 per test..... fee .....

Class numbers for Jumper \$30 per round..... fee .....

Team class \$ 50 per team fee .....

fee .....

Class total for Saturday .....

Office fee \$25 .....

Grounds fee \$25 .....

RV per night .....

Stabling total .....

Total .....

Teams can be two, three or four people.

Please list everyone on your team; \_\_\_\_\_

Please make checks payable to Bay of Plenty Stables for Saturday classes and stabling

Bay of Plenty Stables

702 Grant Drive

Washington Georgia 30673

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

If entering in a team class all members must sign a release!

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: \_\_\_\_\_

## Foxboro Farm Stabling 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.

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; \_\_\_\_\_

RV hook ups. Power and water- .....

# **Welcome to the 2018ACPS Region IV Show**

**September 12<sup>th</sup> 2021**

**Foxboro Farm**

**Thomson Georgia**

**Class List for SUNDAY**

**Starting at 9 a.m.**

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, Fillies, colts and geldings, age 2 and under
4. Sport Pony. 14.2 and under, any age. Any breed.
5. Sport Pony, 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, age 3 and over.
9. Purebred Championship, 1<sup>st</sup> and 2<sup>nd</sup> place winners from classes 1,6,7,8.
10. Half-bred Connemara Geldings, age 3 and over.
11. Half-bred Connemara Mares, age 3 and over.
12. Half-bred Connemara Stallions, age 3 and over.
13. Half-bred Championship, 1<sup>st</sup> and 2<sup>nd</sup> place winners from classes 2,10,11, 12.
14. Connemara Sport Horse Mares, age 3 and over. Registered ¼ bred Connemara.
15. Connemara Sport Horse Geldings, age 3 and over. Registered ¼ bred Connemara.
16. Connemara Sport Horse Championship, 1<sup>st</sup> and 2<sup>nd</sup> winner classes 3,14,15.  
Registered ¼ bred Connemara.

Saturdays ridden classes 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.

\*\*\*\*\* Purebred Connemaras are the only group judged on Connemara type.

Halfbreds and ¼ breds are judged on their suitability as a sport horse.

Conformation and movement. Classes 10 – 16 are open to horses and ponies registered with the ACPS as either 1/2 or ¼ breds.

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

Conformation and movement.

## 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.

Ponies registered name.....

Ponies registration number.....

Ponies birth date.....

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.....

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 now 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.*