



MIDDLETON PLACE  
◇ EQUESTRIAN CENTER ◇

4280 Ashley River Road  
Charleston, SC



MPEC Dressage & Combined Training March Schooling Show  
SCDCTA Recognized

**ENTRY FORM**

Rider Name: \_\_\_\_\_ Jr/Yr \_\_\_\_\_ or Sr \_\_\_\_\_ SCDCTA Member #: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Date of Coggins (EIA) Report: \_\_\_\_\_ SCDCTA Horse Reg. # \_\_\_\_\_

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

Rider City/State/Zip: \_\_\_\_\_

Rider DOB if entering Jr/YR classes: \_\_\_\_\_ Parent/Guardian Name if entering Jr/YR classes: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Class #	Class Description	Fee
		\$
		\$
		\$
		\$
		\$
	Class Fee(s) Sub-total	\$
	Office Fee for Online or Mailed entry - \$10	\$
	Office Fee if Entry is Emailed - \$15	\$
	Late Fee – After Feb. 7, 2021 - \$15	\$
	Guest Horse Fee – No Classes Entered - \$20	\$
	Total	\$

**HOLD HARMLESS AGREEMENT:**

I am aware that riding horses is an athletic event, which potentially poses a serious risk of injuries to myself and my horses. I understand that I, or my horse, may be injured as a result of my negligence, the negligence of others, or through no fault of my own or anyone else due to the activity in which I am going to be engaged. I hereby agree to hold harmless Middleton Place Equestrian Center, Charleston Equestrian Center, LLC, Chalmers Poston, Danielle Huntsman and any member therein, any organizers or any other participants for any injuries to include death, which I or my horse may sustain while we participate in this event.

Rider (or Parent/Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/Guardian signature required for riders 17 yrs of age or younger.



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**AGREEMENT TO PRACTICE THE EVENT ORGANIZER COVID-19 MITIGATION PROTOCOL**

We are all in this together and the situation requires that each and every one of us take personal responsibility for the health, safety, and welfare of ourselves, our family members, and our colleagues and peers in this environment. Whether participant, trainer, groom, event organizer and staff, or vendor and support personnel, we each need to exercise caution, take precautionary measures, be accountable, and utilize good judgement at all times while interacting with one another at competitions.

I agree to the following mitigation practices concerning COVID-19:

- I have taken my body temperature prior to entering the event grounds and my temperature is below 99.5° F (37.5° C).
- I have not exhibited symptoms of COVID-19 or been in contact with someone who has tested positive for COVID-19 within the last two weeks.
- I will wear a facemask or face covering OR maintain social distancing of six (6) feet. When mounted on a horse, a facemask or face covering is not required.

I understand the COVID-19 mitigation practices outlined by the Event Organizer and agree to comply with those mitigation practices.

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Print Name as Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Phone #

\*If the rider is 17 years of age or younger, the parent or guardian signs the agreement and is responsible for the practices listed for the minor.