



# ASDS TEAM DRESSAGE SCHOOLING

## OCTOBER 30th, 2021 AT MAUNAWILI FARMS

This is a fun schooling show featuring team competition in dressage (English and Western) and is an ASDS-sponsored event and NOT a USDF/USEF/WDAA recognized competition.

**Goals:** To have fun! To encourage all levels and disciplines to participate in a fun environment promoting and supporting ASDS, dressage and the equestrian community.



**To Enter:** No qualifying scores are required. You may enter as part of a team of 2 to 4 riders, or as an individual to be put on a team. If you would like to participate and do not have a team we will do our best to pair you with other riders needing a team. You must either be an ASDS member or pay an additional \$10 non-member fee. **New ASDS memberships are good until Nov. 30, 2022. Adult Membership (\$60) Junior Membership (\$40) \$10.00 discount for Pony Club Members**

**How do we form a team?** A team will consist of 2 to 4 riders. Each rider may ride any level from Introductory to FEI, (English or Western), ride a musical, or Prix Caprilli test. It is expected that horse/rider combinations will enter levels consistent with current showing levels and/or ability to keep the competition fair, and hopefully teams will push to compete at a higher level for experience.

**Team names:** Have fun! Be creative! Teams will pick a name and a theme song and costumes if you want.

**Costumes must include a helmet and be safe for horses.**

**What happens at the competition? How does a team compete?** Pick one of 4 Divisions and a subdivision:

**Division A: Musical Freestyles** – 5 minutes, choreographed to music. No restrictions or requirements for level or discipline. **A1** is all Junior riders, **A2** is Adult riders and **A3** is mixed Junior and Adult.

**Division B: Pas de deux** - Two horses performing dressage movements with or without music. **B1** is all Junior riders, **B2** is Adult riders and **B3** is mixed Junior and Adult.

**Division C: Tests** – Each rider will ride one individual test. All tests used will be the current authorized test and will consist of Introductory Level through Fourth Level, FEI and WDAA. **C1** will be all junior riders, **C2** will be all adult riders and **C3** will be mixed.

**Division D: Prix Caprilli** - Each rider will do a dressage test that uses jumps. Set tests for Intro, Training and First level. **D1** will be all junior riders, **D2** will be all adult riders and **D3** will be mixed. See Prix Caprilli tests on ASDS website.

**Awards:** Ribbons will be awarded for first to sixth place per division. Placing will be determined by the average of each team's total percentage scores.

**Scoring:** All scores from each team member will be counted. No scores will be dropped. Percentage scores from each team member will be added together and the sum divided by the number of tests ridden by the team.



\*\*\*\*\*Costume class to follow last ride of the day!\*\*\*\*\*



For questions or more information contact: Jona Williams at 808 782-6553 or [jonamwilliams@gmail.com](mailto:jonamwilliams@gmail.com)

Parent or guardian of riders under 18 years of age must sign the entry form and waivers.

# ASDS Team Dressage Schooling Show 2021 - October 30, 2021

## Entry Form

Location: **Maunawili Farms**

Date: **October 30, 2021**

Judge[s]: TBD

**Use one entry form for each rider/horse/team combination.**

Name of Horse \_\_\_\_\_ Name of Rider \_\_\_\_\_

Name of Horse Owner \_\_\_\_\_ Address of Rider \_\_\_\_\_

Birthdate of Rider if under 18 \_\_\_\_\_ Rider ASDS# (if member) \_\_\_\_\_

Parent/Guardian Name [if under 18] \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Captain: \_\_\_\_\_

Other Team Member Names: \_\_\_\_\_

Division	Entry fee	Test	Fees
<b><u>DIVISION A1: Musical Freestyle</u></b> Junior team [English, Western or Mixed] > 2 riders	\$30.00 per horse	Musical Freestyle English, Western, mixed	
<b><u>DIVISION A2: Musical Freestyle</u></b> Adult team [English, Western or Mixed] > 2 riders	\$30.00 per horse	Musical Freestyle English, Western, mixed	
<b><u>DIVISION A3: Musical Freestyle</u></b> Adult/Junior mixed team [English, Western or Mixed] > 2 riders	\$30.00 per horse	Musical Freestyle English, Western, mixed	
<b><u>DIVISION B1: Pas de deux</u></b> Junior team (English, Western or mixed)	\$30.00 per horse	Two horses performing dressage movements with/without music	
<b><u>DIVISION B2: Pas de deux</u></b> Adult team (English, Western or mixed)	\$30.00 per horse	Two horses performing dressage movements with/without music	
<b><u>DIVISION B3: Pas de deux Adult/Junior mixed</u></b> team (English, Western or mixed)	\$30.00 per horse	Two horses performing dressage movements with/without music	
<b><u>DIVISION C1: Individual test - Junior team</u></b> (English, Western or mixed)	\$30.00 per test	USDF Level ____ Test ____ WDAA Level ____ Test ____	
<b><u>DIVISION C2: Individual test - Adult team</u></b> (English, Western or mixed)	\$30.00 per test	USDF Level ____ Test ____ WDAA Level ____ Test ____	
<b><u>DIVISION C3: Individual test - Adult/Junior Mixed</u></b> team (English, Western or mixed)	\$30.00 per test	USDF Level ____ Test ____ WDAA Level ____ Test ____	
<b><u>DIVISION D1: Prix Caprilli - Junior team</u></b> Intro, Training or First Level test	\$30.00 per test	Level _____	

<b>DIVISION D2: Prix Caprilli - Adult team</b> Intro, Training or First Level test	\$30.00 per test	Level _____	
<b>DIVISION D3: Prix Caprilli - Adult/Junior mixed team</b> Intro, Training or First Level test	\$30.00 per test	Level _____	
<b><u>COSTUME AWARDS - Please note if you will participate</u></b>	No fee	MULTIPLE AWARDS	

Non-ASDS member fee of \$10.00

<b>Total entry fees:</b>	
<b>Non-ASDS member fee:</b>	
<b>Totals fees due:</b>	

# Due by October 20<sup>th</sup>, 2021

**Make checks out to ASDS** and mail to:

Jona Williams at 391 Auwinala Road, Kailua HI 96734 or

Email [jonamwilliams@gmail.com](mailto:jonamwilliams@gmail.com) with check to follow

## 2021 ASDS TEAM SHOW WAIVER



**Date:** Saturday, October 30, 2021

**Location:** Maunawili Farms, 1015 Auloa Rd, Kailua, HI

96734 **Judge:** Franny Brown, Ruth Sinclair

**Manager:** Jona Williams

**Rider Name:** \_\_\_\_\_

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

**Rider Birthdate:** \_\_\_\_\_

**Rider Phone Number:** \_\_\_\_\_

**Parent/Guardian Name (if rider is under 18):** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_

### Entry Agreement

By entering this competition and signing this entry blank on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of Aloha State Dressage Society (ASDS). I agree to be bound by the Bylaws and Rules of the competition. I agree to release and hold harmless the competition, the officials and directors I also agree that as a condition of and in consideration of acceptance of entry, the competition may use or assign photographs, videos, audios, cable -casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition or the benefit of ASDS. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

**Release, Assumption of Risk, Waiver, and Indemnification.**  
**This document waives important legal rights. Read carefully before signing.**

**I AGREE** in consideration for my participation in this competition to the following:

**I AGREE** that "ASDS" and "Competition" as used herein includes the Competition Management, as well as all of their officials, officers, directors, personnel and volunteers. **I AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, longeur, lessee, owner, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). **I AGREE** to hold harmless and release ASDS and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results directly or indirectly, from the negligence of ASDS or the Competition.

**I AGREE** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of ASDS or the Competition. **I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) ASDS and the Competition 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 while at the Competition. I have read the ASDS Schooling Show Rules about protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that ASDS requires me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and **AGREE** to all of the above provisions and **AGREE** to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**BY SIGNING BELOW, I AGREE to be bound by all applicable ASDS Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.**

x  
\_\_\_\_\_  
**Signature of Rider (or Parent/Guardian if Rider is under 18)**

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

## ACKNOWLEDGMENT OF ASSUMPTION OF RISK: WAIVER AND INDEMNITY

In consideration of being given permission by MAUNAWILI FARMS, a Hawaii not for profit corporation, to utilize the facilities located at 1015 Auloa Road, Kailua, Hawaii 96734, hereafter referred to as the "Farm," the undersigned (1) hereby agrees as follows:

### Acknowledgment of Assumption of Risk

The undersigned understands and acknowledges that there are inherent risks which are an integral part of equine activities, including but not limited to the following:

1. The propensity of a horse to behave in ways that may result in injury, harm or death to persons on or around them;
2. The unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other horses or objects; and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within the participant's ability.

Notwithstanding such inherent risks, the undersigned desires to utilize the facilities located at the Farm and shall, on the undersigned's own behalf or on behalf of the minor of whom the undersigned is the parent or guardian, waive any and all claims against MAUNAWILI FARMS, a not for profit corporation and shall indemnify MAUNAWILI FARMS as set forth below.

### WAIVER

The undersigned, on the undersigned's own behalf or that of the minor of whom the undersigned is the parent or guardian, hereby waives, releases and forever discharges MAUNAWILI FARMS, its successors and assigns, trustees, officers, directors, agents and employees from any claims or demands for property damage, injury to animals, injury to persons, or wrongful death of persons or animals, arising out of or in connection with the use of the Farm or any incident on or about the Farm.

## INDEMNIFICATION

The undersigned hereby agrees to defend, indemnify and hold harmless MAUNAWILI FARMS a not for profit corporation, its successors and assigns, trustees, officers, directors, agents and employees from and against any claim or demand by the undersigned, those persons listed below and any quest, licensee, invitee or any other person claiming by, through or under the undersigned, for any loss or damage, including but not limited to, claims or demands for property damage, injury to animals, injury to persons, or wrongful death of persons or animals, arising out of or in connection with the use of the Farm, or any accident on or about the Farm, or caused by any failure of the undersigned to maintain the stall(s) of the undersigned in a safe condition.

Those participants covered by this agreement in addition to the undersigned:

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IN WITNESS WHEREOF, the undersigned has executed this instrument as of the

----- day of -----, 2021.

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

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

Witness: \_\_\_\_\_

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

Name-\_\_\_\_\_

Barn-\_\_\_\_\_

**COVID-19 SCREENING QUESTIONS**

1. Do you have any of these symptoms that are not caused by another condition?

- fever or chills
- cough
- shortness of breath
- fatigue
- muscle or body aches
- headache
- recent loss of taste or smell
- sore throat
- congestion
- nausea or vomiting
- diarrhea

**YES \_\_\_\_\_ NO \_\_\_\_\_**

2. Within the past 14 days, have you been in close contact with anyone you know had COVID-19 or COVID-like symptoms? Defined as within 6 ft. for 15 minutes or more OR direct contact with fluids from a person with COVID-19 (coughed or sneezed on).

**YES \_\_\_\_\_ NO \_\_\_\_\_**

3. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results for a COVID-19 test?

**YES \_\_\_\_\_ NO \_\_\_\_\_**

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about a COVID-19 infection?

**YES \_\_\_\_\_ NO \_\_\_\_\_**

Current temperature-\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ALL PERSONS ENTERING MAUNAWILI FARMS MUST COMPLETE A COVID-19 SCREENING FORM AND RETURN TO THE SHOW SECRETARY UPON ARRIVAL. PLEASE COMPLETE NO MORE THAN 24 HOURS PRIOR TO ARRIVAL.**