



Lake Oswego Equestrian Center, in collaboration with TBEA, presents

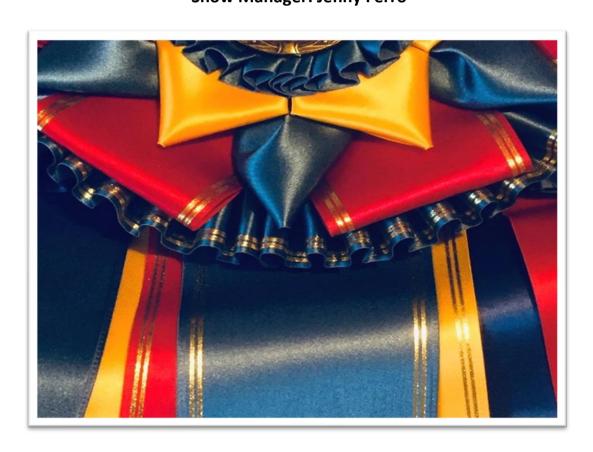
An Open Dressage Show: Sunday, February 6, 2022

8:30 am start

at Lake Oswego Hunt

2725 SW Iron Mountain Blvd, Lake Oswego 97034

Judge: Tracey Erway
Show Manager: Jenny Ferro



Lake Oswego Equestrian Center is a non-profit tax-exempt organization supporting equine education through shows, clinics, and other equine educational programs.

See www.loeqestrian.org for more information.

Dressage Show: Sunday, February 6, 2022 at Lake Oswego Hunt Ribbons to 5th place. Prizes for 1st place. Champion and Reserve for all Divisions. Youth and Adult Divisions! Entries due January 31, 2022.

Note: Space is limited in this show to keep it to a reasonable length. Riders may be limited to two rides if space does not allow for more. Register early to secure your spot! Stalls are limited, please contact show manager right away to reserve a stall.

\$25 per test:

- 1. Intro Dressage Test A
- 2. Intro Dressage Test B
- 3. Intro Dressage Test C
- 4. Intro Dressage TB/Half TB Test of Choice, sponsored by TBEA
- 5. Training Level Test 1
- 6. Training Level Test 2
- 7. Training Level Test 3
- 8. Training Level TB/Half TB Test of Choice, sponsored by TBEA
- 9. First Level Test 1
- 10. First Level Test 2
- 11. First Level Test 3
- 12. First Level TB/Half TB Test of Choice, sponsored by TBEA
- 13. Second Level Test of Choice
- 14. Prix Caprilli Intro
- 15. Prix Caprilli Training
- 16. Prix Caprilli First

Ride times will be posted on the *LOEC Facebook page and emailed to riders on February 4th. All rides will take place in the indoor arena. Warm up for early classes open at 7:30 am; warmup allowed between classes. *https://www.facebook.com/LakeOswegoEquestrian

COVID Safety: We will be adhering to the current Oregon state mandates requiring masking at all times except when riding and minimum 6' social distancing while on the show grounds. Sanitizing stations will be provided. We will limit the number of people in the indoor areas (show office, clubroom, and restrooms) to allow for spacing and will ask spectators to distance while watching the show. We request that anyone coming to the show self-monitor for temperature 24 hours before, during and 24 hours after the show. Please notify the show manager in the event that an attendee exhibits any symptoms. Please limit spectators to one or two people per rider. (We will update this information if anything changes by show time.)

EMERGENCY MEDICAL RELEASE FORM:

(to be completed by all riders, or rider's guardian/parent for juniors)

| If emergency care is required for (rider:) | in conjunction with a LOEC event |
|--|---|
| and if normal permission is not available in a timely manne | r, the undersigned authorizes appropriate |
| emergency medical care as deemed necessary by emergen | cy medical personnel. |
| | |
| Emergency Contact During Show Hours: | |
| Name: | |
| Phone: | |
| | |
| Physician: | |
| Phone: | |
| | |
| Competitor is allergic to: | |
| | |
| Competitor is taking the following medication: | |
| | |
| Rider Signature (parent or guardian must sign for riders und | der 181: |
| Maci Signature (parent of guardian must sign for macis unit | ici 15). |
| | |
| Date: | |

| Office Use : | |
|--------------|------------|
| OFFIC | E USE ONLY |
| Paid \$ | |
| Check # | or Cash |
| Amount due _ | |

ENTRY FORM: LOEC Dressage Show February 6, 2022 (entries due January 31, 2022) RIDER TRAINER

| Name | | Name | | | | | | |
|---|---|--|--|---|--|--|--|--|
| Age (if under 18): | | | | | | | | |
| Address | | Address | | | | | | |
| | | | | | | | | |
| Phone | | | Phone | | | | | |
| Email | | | Email | | | | | |
| Signature | | | | | | | | |
| I have read and und | derstand the inform | ation below. | | | | | | |
| HORSE OWNER: | | | | phon | e: | | | |
| HORSE (Registered Na | me if applicable) | Breed | Age | Sex | HT | Class/Test of Choice | | |
| TTOTIOE (Helpistered Ha | те п аррпеавте; | Breed | 7.80 | JUX | | | | |
| | | | | | | | | |
| If applicable: | LOH Member | TBEA Mei | mber | | | | | |
| Class Fee Total | \$ (\$25 per test) | | | | | | | |
| Stabling | \$ (\$50/day; \$60/overnight (inside stalls) \$45 outdoor stalls (day only) | | | | | | | |
| Ü | | • | • | | - | | | |
| | · · · · · · · · · · · · · · · · · · · | • • | | | | ability before signing up or paying for ds to show up to date vaccines/worming) | | |
| معاملة معمل ملمورينسم | | | | | | | | |
| Additional shavings | | | _ | | | e bag snavings) | | |
| Office Fee | \$ 10 (waived for LOH and TBEA members) \$ (\$10 for entries within 6 days of show | | | | | | | |
| Late Fee | | | | | | | | |
| | | | | | - | ce. Some classes may CLOSE if full. | | |
| TOTA | L: \$ | Checks or Cash acco | epted. | Make | e che | cks payable to LOEC. | | |
| and agents, I AGREE to and all liability for dam Competition, accepting consideration for my portion Managem Lake Oswego Hunt. I Act owner, agent, coach, to the Competition involved injuries, trauma, promote damages or oth even if the Harm arises of Harm to me or my holosses, damages, or cost and for claims made by equipment can guard as | release and hold harm age or injury to myself amyself the full responsarticipation in this Content, as well as all of the GREE that I choose to prainer, or as a parent of einherent dangerous pain, suffering or deatlerwise for any Harm to or results, directly or corse, including harm rests incurred by) the Cortothers for any harm of gainst all injuries. If I ave provisions and I AG | nless the Competition, f, my horse or any personsibility for any and all supetition to the following officers, disparticipate voluntarily is guardian of a junior exists of accident, loss, at ("Harm"). I AGREE to o me or my horse and findirectly, from the negligate is a parent or guardian at parent or guardian are parent or guardians in the control of the control o | LOEC, Ton or prosuch dang: I AG rectors, in the Control of a junction of a junctio | BEA, LC coperty mage of REE that employment in a mous book remless Harm of the fithe Controlless e at the unior exations of the strong of the | of the result result result result result result at the eyees, at the eyees, and result resul | Imy principals, representatives, employees in officials, directors and employees for any ing from riding or showing a horse in this y of any kind which may result. I AGREE in Competition as used herein includes agents, personnel, volunteers and the venue, th my horse, as a rider, handler, lessee, ware and acknowledge that horse sports and ury including but not limited to broken bones, clease the Competition from all claims for nature caused by me or my horse to others, etition. I AGREE to expressly assume all risks tion. I AGREE to indemnify (that is, to pay any espect to claims for Harm to me or my horse, petition. I ACKNOWLEDGE that no protective r, I consent to the child's participation and I Release on the child's behalf. I represent that I | | |
| Signature _ | | | | Date | | | | |
| Questions? Plea | se contact show | manager Jennif | er Fe | rro at | jeni | nifer ferro@yahoo.com Entries | | |

can be emailed or mailed to: Jennifer Ferro 1119 SE 168th Ave, Portland, OR 97233

ADDITIONAL RULES & INFORMATION



- Well-behaved dogs allowed in outdoor areas on short leash. Dogs not allowed in clubroom area or in spectator bleachers or in barn area.
- Horses must be current on vaccinations & deworming. Proof of current vaccine is required in advance for any horses using stalls inside the LOH facility.
- ASTM-certified helmets & boots required for all riders while mounted.
- LOH is a smoke-free facility.

CANCELLATIONS: full refund less \$20 office fee if show manager is notified in writing/email at least 5 days prior to the event. REFUNDS will be issued for scratches within 5 days of the show ONLY due to rider or horse injury.