



# 2021 SGHS Pattern Clinic

May 2, 2021 - Spring Grove Horse Show Arena  
Spring Grove, IL

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age (if youth): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

Please email completed form, negative coggins and COVID 19 waiver to [sghs.preregister@gmail.com](mailto:sghs.preregister@gmail.com)

Please send complete payment to P.O. Box 101 Spring Grove, IL 60081

Any questions please call 262-586-9986

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## Spaces are limited and first come first serve

- Entry fee \$35 per session for equestrians participating with their horse.
- Registration must be received by April 30, 2021.
- Participation is limited to 10 horses per session. Register and pay early to secure your spot(s).
- All riders 17 and under **MUST** wear an ASTM/SEI approved helmet.
- Exhibitor age as of January 1 of this year.
- Spring Grove Horse Show Inc., the Village of Spring Grove, and all other affiliates are not responsible or liable for any injury, damages, or loss sustained in any way to exhibitors, volunteers, spectators, or properties.
- **COVID 19** waiver is required.
- Spectators are expected to remain in designated areas.
- Clinic day is **May 2, 2021**. Late registrations will incur a \$25 late fee.
- A current negative coggins is required. Please send a copy of your coggins along with the registration form.
- **All forms along with FULL payment and a current negative coggins must be postmarked by April 30, 2021 in order to be complete.**
- Refunds given only in the event of the death or lameness of the horse with veterinary proof.

Please select all that apply

All Day Entry Fee: \$135 \$\_\_\_\_\_

Showmanship Session: \$35 \$\_\_\_\_\_

Horsemanship Session: \$35 \$\_\_\_\_\_

Equitation Session: \$35 \$\_\_\_\_\_

Ranch Riding Pattern: \$35 \$\_\_\_\_\_

Auditor: \$20 x \_\_\_\_\_ = \$\_\_\_\_\_

**Late Fee: If received after April 30th:** \$25 \$\_\_\_\_\_

Balance Due: \$\_\_\_\_\_

Please indicate which skill level you are signing up for:

Beginner: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Advanced: \_\_\_\_\_

\*Ranch Riding Pattern is all skill levels

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### **WAIVER AND RELEASE OF ALL CLAIMS:**

Participant (on behalf of Participant and Participant's heirs and assigns)  
Herby waives and releases any and all claims he/she may have against

**THE SPRING GROVE HORSE SHOW INC and THE VILLAGE OF  
SPRING GROVE**

which may arise out of or in connection with this event, and further  
agrees to indemnify and hold same harmless for any loss, cause,  
damage, or expenses in connection there with, including reasonable  
attorney's fees

Signature of Participant: \_\_\_\_\_

Signature of Parent (if participant is a minor): \_\_\_\_\_

## Waiver of liability and hold harmless agreement (COVID 19)

In consideration for receiving permission to BE ON THE PREMISES at Spring Grove House Show held at Horse Fair Park, Spring Grove, IL (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I have the capacity to contract hereby acknowledge and agree to the following:

1. I understand the hazards of the Novel Coronavirus ("COVID 19") including its contagious nature, and am familiar with the Center for Disease Control and Prevention ("CDC") guideline regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates, and following the same on the premises.
2. Notwithstanding the risks associated with COVID-19, which I already acknowledge, I hereby willingly choose to participate in or observe activities.
3. I acknowledge that Spring Grove Horse Show, event staff, volunteers, its agents, cannot guarantee that I will not become infected with COVID-19 Coronavirus while on the premises or participating or observing the Activities, including the not limited to as the result from the actions, omissions, or negligence of myself and others including, but not limited to Spring Grove Horse Show, event staff, volunteers, its agents, property managers, other show attendees, participants and their families. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from being on the premises and observing or participating in the activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children (for whom I have the capacity to contract) Spring Grove Horse Show, event staff, volunteers, its agents, and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result of my being on the premises and observing or participating in the activities.
4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, medical costs, attorney's fees, costs, and disbursements, whether of in-house or outside counsel and whether or not an action is brought on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other released or unrelated illness or injury.
5. It is my express intent that this waiver and hold harmless agreement shall bind myself, my heirs, and any assigns, and representatives and shall be deemed as RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES, I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED RELEASEES TO BE ON THE PREMISES AND OBSERVE OR PARTICIPATE IN THE ACTIVITIES.

In SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver and Liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed on behalf of myself and my minor children: no oral representations, statement, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full adequate and complete consideration fully intending to be bound by same.

I further represent and stipulate that I have no actual knowledge that I or my minor child(ren) currently are infected with COVID 19, nor do we live with anyone who currently is infected with COVID-19.

In WITNESS WHEREOF, I have signed this waiver and agreement on this \_\_\_ day of \_\_\_\_\_, 2021

Signature: \_\_\_\_\_

Name \_\_\_\_\_

Names of Minor Child(REN): \_\_\_\_\_