

2011 Invitational Equestrian Competition Hosted By
Dream Riders & Special Olympics SC
Saturday, November 19, 2011

Entrees must be Post Marked no later than
Saturday October 22, 2011

Rider Profile / Entry Form

To be completed by the Instructor / Coach

NOTE: All Coaches / Instructors are required to have with them Rider's medical forms and emergency medical release forms.

1. Rider Information:

Circle one: **Special Olympics Athlete Rider**

Must be Special Olympics Athlete registered with state office.

Therapeutic Rider

(non Special Olympics Athlete)

Name _____

Address _____

City _____ County _____

Zip _____ Area / Region _____

Gender _____ Age _____ Birthdate _____

Height _____ Weight _____

Tack Style (circle):

WESTERN

ENGLISH

List each class number rider is to be entered in; Class fee \$6.00 per class

_____, _____, _____, _____

_____, _____, _____

2. Information on Stables or Facility where rider trains

Name of facility _____

City _____ County _____

3. Instructor / Coach Information **Do you need extra volunteer help?** yes no

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone () _____

Night Phone () _____

Email _____

Certified by Special Olympics in the Equestrian Sport YES _____ NO _____

Best time to call? _____

4. Mobility Status (please check if applicable)

Mobile in Wheelchair: Dependent _____ Propels Self _____ Electric _____
 Ambulatory with assistance from: Walker _____ Canes _____ Crutches _____

4. Tack / Equipment for above rider uses (please check)

Medical need (circle one): Must do _____ Sitting Trot _____ Posting Jog _____
****requires a Doctor's medical note**

Saddle:
 English _____ Stock Seat _____ Australian Stock Seat _____ Other _____

Seat Cover _____ Handhold _____ Neckstrap _____ Adapted Reins _____

Crop _____ Dressage Whip _____

Peacock stirrups _____ S-Shaped Stirrups _____ Tapaderos _____

Paddock Boots _____ Other foot wear please describe _____

Instructors: Bring SEI-ASTM approved safety helmets, all tack, safety equipment, and any specially adapted tack / equipment required by the rider. There will a mounting ramp and block for riders to mount from.

Note: Competition horses will be the responsibility of the coach or athlete to provide. Dream Riders and Special Olympics SC will not provide any equestrian mounts, nor will Dream Riders and/or Special Olympics SC accept any responsibility for any transportation or veterinarian services required during this horse competition.

6. Astride Assistance Status

Place an X in the appropriate box

Assistance Needed	Walk	Sitting Trot	Jog	Alt. Gait	Posting Trot
Horse Handler					
One (1) Sidewalker					
Two (2) Sidewalkers					

7. Please provide the name of the horse this athlete will ride:

Horse's Name _____

Names of other riders who will share this horse:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Important to note that this information is important in that when we schedule divisions with classes, we should be able to reduce back to back rides on the same horse using this information and time delays can be reduced.

I certify that I have read, understand, and shall abide by the Official Special Olympics Summer Sports Rules for Equestrian Sports, plus the information provided by South Carolina Special Olympics for the Equestrian Sport and have entered this athlete in the safest, most appropriate level for his / her ability.

Date _____

Signature of person completing rider profile/entry

LIABILITY RELEASE

In consideration of your accepting {rider name) as a participant in the Dream Riders 2008 Invitation Equestrian Competition & SCSO, I acknowledge and understand the risks and potential risks of horseback riding including but not limited to, (I) the propensity of an equine to behave in dangerous ways which may result in injury or death to the participant or damage to property; (II) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; (III) hazards of surface or subsurface conditions whether known or unknown, However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound. for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Dream Riders and SCSO, Lexington County Recreation Department, their owners, Boards of Directors. instructors, volunteers, employees and/or other persons assisting with this event for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the Dream Riders 2008 Invitation Equestrian Competition & SCSO, I further certify that the foregoing statements and representations are being made by me knowingly. freely and voluntarily. and I understand that Dream Riders and SCSO are expressly relying upon the foregoing statements and representations in permitting me/my son/my daughter/my ward to participate the Dream Riders 2008 Invitation Equestrian Competition & SCSO.

Date: _____ Signature _____

Signature of parents or guardian required if rider is a minor

PHOTO RELEASE (optional)

I hereby consent to and authorize the use and reproduction by the Dream Riders, SCSO and any members of such of any and all photographs taken of me/my son/my daughter/my ward by any photographers for promotional materials, presentations and/or exhibition displays. I understand that the Dream Riders, SCSO and any members of such will not sell for profit any of said photographs without my expressed written permission.

Date: _____ Signature _____

Signature of parents or guardian required if rider is a minor