



South Carolina Dressage and Combined Training Association Schooling Show Recognition Mandatory Requirements and Information

Thank you for your interest in SCDCTA Schooling Show Recognition. SCDCTA is a USDF Group Member Organization (GMO) that supports and promotes the disciplines of Dressage, Eventing and Combined Training. We look forward to adding your Schooling Show(s) to our SCDCTA Calendar.

Mandatory Requirements for Schooling Show Recognition:

- Dressage Judge(s) must be a minimum of USDF "L" Graduate **OR** USEF Licensed Dressage or Eventing Judge (r, R, S)
 - **Search for USDF "L" Graduates here:** [USDF L Graduate Search](#)
 - **USEF members can search for officials here:** [USEF Licensed Judges](#)
- Show Manager/Organizer must be at least 18 years of age and a current SCDCTA member in good standing to request show/event recognition. Not a member? Join here: [SCDCTA Membership](#) *(scroll down web page for membership options)*
- Shows are recognized on a first-come, first-served basis. Requests should be submitted 30 days prior to event date. SCDCTA Schooling Shows must be greater than 50 miles apart to be scheduled on the same date.
- Within 21 days after your show, email Sharon@SCDCTA.com with show results or notify her when the results are available online. Show results must include Horse/Rider names, class/level/test, score to three decimal places for dressage only tests, CT/HT dressage scores to one decimal place and the final placing.

Schooling Show Recognition Information:

How to Request Show Recognition:

- **Complete Show Recognition Request Form with Signed Liability Release**
Link: <http://www.scdcta.com/showrecognition.html>

Show Recognition Options & Fees:

(Paypal and credit card transactions add a small additional fee for each item)

Show Recognition Individual Member	Show Recognition Business Member
\$10 per Show	\$5 per Show

Payment options for SCDCTA Show Recognition (Choose one of 5 payment options):

- **(ONLINE WEBSITE) SCDCTA Payment Link** <http://www.scdcta.com/showrecognition.html>
Best option for a single show payment. Payment for each additional show requires a separate transaction using this option.



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- **(ONLINE PAYPAL)** For multiple show requests, visit **Paypal** and make payment to **president@SCDCTA.com** (It is important to include a note with your payment describing what you are paying for (Show Venue, # shows). *You do not need a PayPal account to use a credit card for payment using PayPal*)
- **(CREDIT CARD)** call Carol Freligh, SCDCTA Treasurer, at (843) 857-6229 to by-pass PayPal and pay by credit card. When calling have the credit card number, expiration date, CVV number and zip code for the credit card billing address. As with PayPal a small fee is assessed for credit card transactions.
- **(MAIL) Completed Show Recognition Request Form and check made out to SCDCTA can be mailed to:** Linda Kelly, 1130 Pyefield Rd, Walterboro, SC 29488
- **(INVOICE)** If you do not prepay at the time you request recognition, you will be invoiced by SCDCTA and payment must be made prior to the show date to retain SCDCTA recognition.

What happens after you submit the Show Recognition Request Form and make payment?

- You will receive a confirmation email from SCDCTA, which will include the SCDCTA Recognition Number for each show/event that was approved for recognition. Your approved shows will be added to the SCDCTA website event calendar.
- Please include the SCDCTA Recognition Number on your advertisements/prize lists/entry forms.
- We will also send you the SCDCTA logo to use on advertisements/prize lists/entry forms. Adding the logo ensures that members are aware of the recognition status. **Use of our logo is limited to approved SCDCTA recognized shows only.**
- We also encourage you to add SCDCTA Member # and SCDCTA Horse # to your entry forms for improved tracking of member SCDCTA scores.
- Your approved show/event will be posted on our website event calendar and we will assist with show promotion on social media, including the SCDCTA Facebook Page.

Have questions? Please email questions to SCDCTA Schooling Show Recognition at showrecog@scdcta.com.



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**SCDCTA Suggested Divisions, Number / Type / Height of Stadium Jumps and
Dressage Tests for Combined Training / Horse Trials**

Division	No. of Jumping Efforts	Jumping Height	Overall Spread of Oxers	Overall Spread of Triple Bars	Dressage Test
Advanced	13-15	4'1"	4'9"	5'5"	USEA Advanced Test A or B
Intermediate	12-14	3'11"	4'7"	5'3"	USEA Intermediate Test A or B
Preliminary	11-13	3'7"	4'3"	4'11"	USEA Preliminary Test A or B
Training	10-12	3'3"	3'11"	4'7"	USEA Training Test A or B
Novice	9-11	2'11"	3'7"	4'3"	USEA Novice Test A or B
Beginner Novice	9-11	2'7"	3'3"	3'11"	USEA Beginner Novice Test A or B
Starter	7-8	2'-2'3"	N/A	N/A	USEA Beginner Novice Test A or Starter
Pre-Starter	6-7	12 -18"	N/A	N/A	USDF Introductory Test A or B
<i>Jumping heights and spreads are the maximum suggested. N/A (Not applicable) indicates that Oxer and Triple Bar spreads are not acceptable at this level.</i>					

Key Contacts – for Event Organizers & Participants

Subject	Contact	Email	Phone
Schooling Shows <i>(including recognition, scheduling, modifications, date changes, etc.)</i>	Linda Kelly	showrecog@scdcta.com	(843) 599-1571



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Appendix C – Sample Waiver and Release of Liability for Schooling Shows/Events

THE FOLLOWING DOCUMENT IS NOT REQUIRED BY SCDCTA, IT IS PROVIDED AS A RESOURCE

**WAIVER AND RELEASE OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

For and in consideration of _____ allowing me,
(Your Business / Farm / Name of Person)

the undersigned, to participate in any capacity (including as a rider, handler, longeur, lessee, owner, agent, coach, official, trainer or volunteer) in a _____ recognized, event or activity, including but not limited

(Your Business / Farm / Name of Person)

to equestrian clinics, practices, shows, competitions and related or incidental activities. I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement:

A. RULES AND REGULATIONS: I hereby agree to be bound and abide by the rules, regulations, and policies of _____ as identified _____, as amended from *(Your Business / Farm / Name of Person)* *(Location of Your Information)* from time to time.

B. ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any _____ Event involves risks and dangers *(Your Business / Farm / Name of Person)*

including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the _____ Event *(Your Business / Farm / Name of Person)*

organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers.

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

Under the laws of South Carolina, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

C. ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the _____ Events, or the negligent acts or omissions of the Released *(Your Business / Farm / Name of Person)*

Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any



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_____ Events. I also agree to be responsible for any injury or damage caused by me, my horse,
(Your Business / Farm / Name of Person)
my employees or contractors under my direction and control at any _____ Event.
(Your Business / Farm / Name of Person)

D. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any _____ Event, I hereby release, waive and covenant not to sue, and further agree
(Your Business / Farm / Name of Person)

to indemnify, defend and hold harmless the following parties: Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, competition managers; the promoters, sponsors, or advertisers of any _____ Event; any charity or other beneficiary which may
(Your Business / Farm / Name of Person)

benefit from the _____ Event; the owners, managers, or lessors of any facilities or premises
(Your Business / Farm / Name of Person)

where a _____ Event may be held; and all directors, officers, employees, agents, contractors, and
(Your Business / Farm / Name of Person)

volunteers of any of the aforementioned parties with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature which may arise out of, result from, or relate in any way to my participation in the _____
(Your Business / Farm / Name of Person)

Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

E. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any SCDCTA Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Release Parties from any such Liabilities as the result of the claim.

RIDER/HANDLER/LONGEUR (mandatory)

OWNER (if applicable)

*Signature:

Signature:

*Print Name:

Print Name:

TRAINER (if applicable)

COACH (if applicable)

Signature:

Signature:

Print Name:

Print Name:

*Parent/Guardian Signature and Print Name (Required if Rider/Handler/Longeur is a minor) _____

Emergency Contact Name: _____ Emergency Contact Phone No.: _____