



Walk Trot Canter

**WALK TROT CANTER ASSOCIATION  
SCHOOLING SHOW**

Located at  
Alachua County Agriculture and Equestrian Center  
23100 W Newberry Rd.  
Newberry, FL 32669

DATE of SHOW: Sunday, February 9, 2025  
CLOSING DATE: Saturday, February 1, 2025

**Online entries at:**

Show Manager: Judy Talton

Show Secretary: Judy Talton/Heather Walters

Judge: Kathy Daly

Online Signup found on [www.RingRadar.com](http://www.RingRadar.com)  
Additional information at [www.walktrotcanter.org](http://www.walktrotcanter.org)

Email: [info@walktrotcanter.org](mailto:info@walktrotcanter.org)

## USDF/USEF/FEI Dressage Classes

1	USDF Introductory Test A (AA/JR/Open)
2	USDF Introductory Test B (AA/JR/Open)
3	USDF Introductory Test C (AA/JR/Open)
4	USEF Training Level Test 1 (AA/JR/Open)
5	USEF Training Level Test 2 (AA/JR/Open)
6	USEF Training Level Test 3 (AA/JR/Open)
7	USEF First Level Test 1 (AA/JR/Open)
8	USEF First Level Test 2 (AA/JR/Open)
9	USEF First Level Test 3 (AA/JR/Open)
10	USEF Second Level Test 1 (AA/JR/Open)
11	USEF Second Level Test 2 (AA/JR/Open)
12	USEF Second Level Test 3 (AA/JR/Open)
13	USEF 3 <sup>rd</sup> - 4 <sup>th</sup> Levels TOC (AA/JR/Open) – State Level/Test
14	FEI TOC (AA/JR/Open) – State Level/Test
15	Musical Freestyle TOC (AA/JR/Open) – State Level/Test
16	Open/AA/Youth Dressage Seat Equitation

## WDAA Western Dressage Classes

28	WDAA Introductory Test 1(AA/JR/Open)
29	WDAA Introductory Test 2 (AA/JR/Open)
30	WDAA Introductory Test 3 (AA/JR/Open)
31	WDAA Introductory Test 4 (AA/JR/Open)
32	WDAA Basic Test 1 (AA/JR/Open)
33	WDAA Basic Test 2 (AA/JR/Open)
34	WDAA Basic Test 3 (AA/JR/Open)
35	WDAA Basic Test 4 (AA/JR/Open)
36	WDAA Level 1 Test 1 (AA/JR/Open)
37	WDAA Level 1 Test 2 (AA/JR/Open)
38	WDAA Level 1 Test 3 (AA/JR/Open)
39	WDAA Level 1 Test 4 (AA/JR/Open)
40	WDAA 2 <sup>nd</sup> – 5 <sup>th</sup> Levels TOC (AA/JR/Open) – State Level/Test
41	WDAA Freestyle TOC (AA/JR/Open) – State Level/Test

## Miscellaneous Dressage Tests (must provide test)

42	Gaited/USAWE/misc – State Level/Test
----	--------------------------------------

## USEA Dressage Classes

17	USEA Starter Test (AA/JR/Open)
18	USEA Beginner Novice Test A (AA/JR/Open)
19	USEA Beginner Novice Test B (AA/JR/Open)
20	USEA Beginner Novice 3 day (AA/JR/Open)
21	USEA Novice Test A (AA/JR/Open)
22	USEA Novice Test B (AA/JR/Open)
23	USEA Novice 3 day (AA/JR/Open)
24	USEA Training Test A (AA/JR/Open)
25	USEA Training Test B (AA/JR/Open)
26	USEA Training 3 day (AA/JR/Open)
27	USEA Modified-Advanced TOC (AA/JR/Open) – State Level/Test

**Sponsorships-** Help us raise money by sponsoring a class! Sponsorships start at \$25, but you are welcome to contribute more. Your name will be published on the program next to the class you sponsored. Please indicate class and amount of sponsorship on the entry form.

## **Fees and Show Policies**

**Ride times will be available on Wednesday before show.**

**ALL Horses on property must be registered and have a number.**

**DRESSAGE CLASSES: MEMBER: \$25.00 per class NON-MEMBER: \$30.00 per class**

**NON-COMPETING HORSE FEE:** \$15.00 per horse. Horses not competing but on the show grounds must be entered as a schooling horse and have a number. Schooling horses must pay the office fee and the grounds/haul-in or stabling fee.

**OFFICE FEE:** \$20.00 office fee for all competitors and non-competing horse is required.

**OFFICE FEE with Open Show:** \$30.00 if you are registering for the open show as well, office fee is \$30.00 for the weekend, a discount of \$10.00.

**STABLING/STALL FEE:** \$75.00 for overnight (Fri/Sat or Sat/Sun), includes two bags of shavings. Extra stall days are \$15.00 per day. Additional bags of shavings can be purchased at \$10 per bag. All stabling available after 1 PM the day before the show.

**GROUNDS/HAUL-IN FEE:** \$20.00 per horse (if not stabled), including non-competing horses. **If wanting to school the evening before show and only planning to haul in on day of show; must pay a grounds fee for the schooling day before as well.**

**LATE FEE: \$30.00** late fee applies to all entries after closing date. WTCA reserves the right to refuse late entries.

**MUSICAL FREESTYLES:** Encouraged at all levels. Costumes and/or Pas de Deux included. CD Audio format for music. Music must be provided to show secretary upon Check In. Sound Check will be announced with Ride Times email.

**Mandatory:** ASTM approved helmets are MANDATORY for ALL RIDERS on show grounds.

**Ribbons:** 1-6 in each class. High points at each level (or division) will receive high point award.

**Divisions:** JR/YR = Age 21 & under, AA = Amateur (Over age 18), Open = Professional

**\*\*Due to the poor delivery times of the postal service, mailed entries will not be accepted.**

Entries can be emailed to [info@walktrotcanter.org](mailto:info@walktrotcanter.org), or texted to 352-474-8383, and online at [www.ringradar.com](http://www.ringradar.com). We accept Venmo: @walktrotcanterFL and PayPal: paywtc@walktrotcanter.org.

**All completed entries must be accompanied by payment and current Coggins.** Entries without payment will not be processed until payment is received. **NO REFUNDS AFTER CLOSING DATE FOR ANY REASON!**

# Schooling Show Entry Form

**Entries will not be accepted without signatures and full payment of fees. Complete this form and include proof of a negative Coggins.**

DATE OF SHOW: \_\_\_\_\_

Name of Rider: \_\_\_\_\_ Rider DOB: \_\_\_\_\_ WTC Member: Y / N

Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ WTC Member: Y / N \_\_\_\_\_

Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Age of Horse: \_\_\_\_\_ Sex of Horse: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Height: \_\_\_\_\_

Date of Negative Coggins: \_\_\_\_\_

Class #	Class Description *Indicate AA/Open/YR	Fee
<b>Total Class Fees</b>		

Stall Fee (\$75):		Stable with:
Extra Bedding (\$10/bag):		
Extra Stall Day Fee (\$15):		
Grounds Fee (\$20):		Comments or additional information:
Office Fee (\$20/\$30):		
Non-Competing Horse Fee (\$15):		
Late Fee (\$30):		
Sponsorship amount:		
Class #:		
<b>Total Fees:</b>		

Email entries and proof of negative Coggins to [info@walktrotcanter.org](mailto:info@walktrotcanter.org)  
 Payments accepted are cash, check, Venmo, or PayPal.  
 Phone number: 352-474-8383  
 Venmo: @walktrotcanterFL      PayPal: paywtc@walktrotcanter.org

**Entries without payment will not be processed until payment is received.**

**WAIVER AND RELEASE**  
**Walk Trot Canter Association, Inc.**

**Waiver and Release of Liability, Indemnification Agreement, Full Assumption of all Risk and Liability,  
and Acknowledgment and Acceptance of Potential Dangers, Risks and Hazards of Equine Events**

“Participant” defined as: Rider/Spectator/Visitor/Guest/Client

**WARNING**

**UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. [FLORIDA STATUTE SECTION 773.04 (2)].**

I, \_\_\_\_\_ (name of participant), in consideration of participating in equine activities, and I HEREBY WAIVE, RELEASE AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS WALK TROT CANTER ASSOCIATION, INC., ITS OFFICERS, VOLUNTEERS, REPRESENTATIVE, EMPLOYEES, ATTORNEYS, AGENTS AND ASSIGNS (HEREINAFTER, COLLECTIVELY “WTCA”) FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION OF ANY AND EVERY DESCRIPTION, AND DAMAGES, INCLUDING ATTORNEYS’ FEES, BROUGHT AGAINST WTCA RESULTING FROM ANY ACCIDENT, INCIDENT OR OCCURRENCE ARISING OUT OF, INCIDENTAL TO OR IN ANY WAY RESULTING FROM MY ENTRY INTO OR PARTICIPATION IN EQUINE ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF WTCA. This release applies during the time that I am a bystander or actively participating. I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against WTCA by reason of conditions of the activities occurring thereon.

I understand and acknowledge that horseback riding and other equestrian events are inherently dangerous activities. WTCA HAS NOT MADE, DOES NOT MAKE, AND WILL NOT MAKE ANY REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, AS TO THE SUITABILITY OR FITNESS OF THE FACILITY WHERE THE EVENT IS HELD FOR THE INTENDED USES THEREOF NOR FOR ANY OTHER USES, OR TO THE QUALITY, PHYSICAL CONDITION, UTILITY OR POTENTIAL OF THE FACILITY, AND I AGREE THAT I HAVE NOT RECEIVED OR RELIED UPON ANY SUCH REPRESENTATIONS OR WARRANTIES FROM WTCA. I hereby acknowledge, agree, represent and warrant that I am voluntarily entering the event location in its “AS-IS,” “WHERE-IS” and “WITH ALL FAULTS” condition to participate in the activities administered at the location by WALK TROT CANTER ASSOCIATION, INC. with knowledge of the dangers involved, and I hereby agree to accept and assume ALL RISKS associated with entering the location, including but not limited to injury or death, property loss or damage.

I swear and affirm that I agree to be specifically bound to all the terms and conditions of this Agreement. I have carefully read this Agreement and fully understand its contents. I understand that I have given up substantial rights by signing it and I am aware of its legal consequences. I have signed it freely and voluntarily, without inducement, assurance or guarantee being made to me.

**Executed and agreed to by:**

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

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child’s Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

**WARNING: Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.**

In consideration of being allowed to enter the Alachua County Agriculture and Equestrian Center, including its grounds, arenas, stalls, barns and other facilities, which is owned by Alachua County, a charter county and political subdivision of the State of Florida, ("Center") and in consideration of being allowed to participate in the activities at the Center, the undersigned (for myself, or for any minor child named below for whom I am a parent, guardian or otherwise responsible for) and for my/our heirs, personal representatives, assigns and beneficiaries, **HEREBY WAIVE, RELEASE AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS ALACHUA COUNTY, ITS COMMISSIONERS, EMPLOYEES, VOLUNTEERS, ATTORNEYS, AGENTS AND ASSIGNS (HEREINAFTER, COLLECTIVELY "ALACHUA COUNTY") FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION OF ANY AND EVERY DESCRIPTION, AND DAMAGES, INCLUDING ATTORNEYS' FEES, BROUGHT AGAINST THE COUNTY RESULTING FROM ANY ACCIDENT, INCIDENT OR OCCURRENCE ARISING OUT OF, INCIDENTAL TO OR IN ANY WAY RESULTING FROM ENTRY ONTO OR USE OF THE CENTER AND ALL IMPROVEMENTS THEREON, WHETHER OR NOT CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF ALACHUA COUNTY.**

ALACHUA COUNTY HAS NOT MADE, DOES NOT MAKE, AND WILL NOT MAKE ANY REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, AS TO THE SUITABILITY OR FITNESS OF THE CENTER FOR THE INTENDED USES THEREOF NOR FOR ANY OTHER USES, OR TO THE QUALITY, PHYSICAL CONDITION, UTILITY OR POTENTIAL OF THE PREMISES, AND I AGREE THAT I HAVE NOT RECEIVE OR RELIED UPON ANY SUCH REPRESENTATIONS OR WARRANTIES FROM ALACHUA COUNTY. **I understand and acknowledge that horseback riding and other equestrian events are inherently dangerous activities.** I agree to assume all risks of harm to me, my child, my horse(s), and my animal(s). The Center may have hidden obstructions, surfaces or subsurface conditions, tripping hazards, thorns, poisonous snakes or plants, or other natural or manmade objects which may be dangerous. I hereby acknowledge, agree, represent, and warrant that entering the Center was voluntary and I, or my child, choose to participate voluntarily in activities as a rider, volunteer, trainer, or other purpose, with knowledge of the dangers and risks involved. I, for myself or my child, hereby agree to accept and assume on behalf of myself, the named child, ALL RISKS associated with entering the Center, including but not limited to injury, death, sickness, pain, broken bones, disease, head injury, damage and other loss to persons or property or my animals.

I swear and affirm that I agree to be specifically bound to all the terms and conditions of this Release, Waiver of Liability, Assumption of Risk and Liability Agreement. I, for myself and for any minor children that I am the parent, legal guardian, or otherwise responsible for, and for my/our heirs, personal representatives or assigns, expressly waive any claim, lawsuit, charge, or cause of action against Alachua County, for any and all injury, loss or damages, including property damage, illness, injury to my animal(s), sickness, personal injury, paralysis, and/or death to me or any such minors and other person. I have carefully read this Release, Waiver of Liability, Assumption of Risk and Liability Agreement, and fully understand its contents and I have signed it freely and voluntarily, without inducement, assurance or guarantee being made to me. I understand that substantial rights have been given up by signing this document and I am aware of its legal consequences.

If any part of this document is held to be unlawful, void, or unenforceable, then that part will be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions. It is agreed that this document may be electronically signed. If electronically signed, the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

**Executed and agreed to by:**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Date: \_\_\_\_\_

If participant/rider is a minor:

(Child's signature) \_\_\_\_\_ (Parent/Legal Guardian signature) \_\_\_\_\_

(Child's name printed) \_\_\_\_\_ (Parent/Legal Guardian name printed) \_\_\_\_\_