



# Silver Sage Community Corral

Box 1092 Brooks, AB T1R 1B9  
 Phone: 403-362-2262 Fax: 403-501-3762  
 twirlnwhirl@outlook.com

## 23<sup>rd</sup> Annual Twirl & Whirl Entry Form

<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>DOB:</b>		

<b>PEEWEEES (8 &amp; Under)</b> Fri - \$10 Sat & Sun - \$15 Average Prize for Sat & Sun (must run both days)	<b>FRIDAY WARM-UP JACKPOT</b> OPEN 4D - \$45 <b>Junior Side Pot – EF \$15</b> 15-30 entries – 2D 31+entries – 3D  <b>Senior Side Pot – EF \$15</b> 15-30 entries – 2D 31+ entries – 3D  <b>OPEN RUNS ARE CARRIED OVER INTO SIDEPOTS</b> <b>SIDEPOTS are all 1sec split</b>	<b>SAT &amp; SUN ADDED MONEY / FEES</b> <b>PER DAY</b> Open 4D – 7/10 split Min \$2000 added per DAY EF - \$85 <b>DAY DIVISION WINNER VESTS</b>  <b>JR Side Pot (9-16)</b> Min \$150 added per DAY – EF \$20 15-30 entries -2D / 31+ entries – 3D  <b>SR Side Pot (45+)</b> Min \$150 added per DAY – EF \$20 15-30 entries -2D / 31+ entries – 3D  <b>OPEN RUNS ARE CARRIED OVER INTO SIDEPOTS</b> <b>SIDEPOTS are all 1sec split</b>	<b>SAT &amp; SUN ADDED MONEY / FEES</b> <b>PER DAY</b>  <b>Futurity 2D Side Pot (5&amp; Under)-</b> Min \$1250 added per DAY – EF- \$85  <b>Derby 2D Side Pot (7&amp; Under)-</b> Min \$1000 added per DAY – EF- \$75  <i>Average Prizes in Open and Average Prizes in all SidePots</i> <b>-MUST RUN SAT &amp; SUN –</b>  <b>OPEN RUNS ARE CARRIED OVER INTO SIDEPOTS</b> <b>SIDEPOTS are all 1sec split</b>
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HORSES NAME – (List in running order)	PEWEEES			FRIDAY			SATURDAY					SUNDAY				
	PW – FRI	PW – SAT	PW – SUN	FRI – OPEN – 4D	JR – Side Pot – 3D	SR – Side Pot – 2D	OPEN – SAT – 4D	FUTURITY Side Pot	DERBY Side Pot	SENIOR Side Pot – 2D	JR Side Pot – 3D	OPEN – SUN – 4D	FUTURITY Side Pot	DERBY Side Pot	SENIOR Side Pot – 2D	JR Side Pot – 3D
<b>HORSE</b>	<b>\$10</b>	<b>\$15</b>	<b>\$15</b>	<b>\$45</b>	<b>\$15</b>	<b>\$15</b>	<b>\$85</b>	<b>\$85</b>	<b>\$75</b>	<b>\$20</b>	<b>\$20</b>	<b>\$85</b>	<b>\$85</b>	<b>\$75</b>	<b>\$20</b>	<b>\$20</b>
<b>TOTALS</b>																
<b>OVER</b>													<b>ENTRY TOTAL</b>			

<b>ENTRY TOTAL</b> (from prev page)		\$ _____
<b>LATE ENTRY FEE - \$10/horse</b> (Entries rec'd after Sept 13)	\$10	\$ _____
<b>STALLS</b>  Indoor - \$30/night / \$50/wknd  Outdoor - \$25/night / \$40/wknd  <b>Shavings</b> – stalls come with 1 bag – additional bags available on site for \$8/bag	_____ nights / wknd  x \$ _____	\$ _____
<b>SELF-PENNING</b> - \$25 / Horse	_____ x \$25	\$ _____
<b>Mail Entries to –</b>  <b>Silver Sage – PO BOX 1092 – Brooks, AB – T1R 1B9</b>	<b>Email Entries to</b> <a href="mailto:twirlnwhirl@outlook.com">twirlnwhirl@outlook.com</a>	<b>E-transfer to</b> <a href="mailto:twirlnwhirl@outlook.com">twirlnwhirl@outlook.com</a> <b>PASSWORD- twirl2020</b>
<b>INDOOR Stall Deposit</b> - \$40/ stall / horse (returned when stall is cleaned)	_____ x \$40	\$ _____  <b>SEPARATE CHEQUE</b>
	<b>TOTAL</b>	\$ _____
<b>***NSF Cheques will have a \$45 admin fee applied.</b>		

**PLEASE LIMIT THE NON COMPETITORS; ALSO PLEASE NO SOCIALIZING IN THE BARNs OR ARENA AS WE ARE LIMITED TO THE NUMBER OF PEOPLE. THANK YOU FOR UNDERSTANDING**

**OFFICE USE ONLY**

<b>PAID –</b>  <b>CASH   ETRANSFER   CHQ</b>	<b>Rec'd By</b>	<b>DRAW #'s</b>	
<b>AMOUNT OWING –</b>	<b>Entered in Draw</b>	<b>STALL #'s</b>	



# Silver Sage Community Corral

Box 1092 \* Brooks, AB T1R 1B9

Phone: 403-362-2262 \* Fax: 403-501-3762 slvrsage@eidnet.org

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## Silver Sage Twirl & Whirl Rules & Regulations

**PLEASE NOTE THAT WE ARE RUNNING UNDER COVID GUIDELINES SET BY AHS**

1. The T&W Committee reserves the right to decide a point not covered by the rules, and to correct any error or make any necessary alterations to the rules, prize list and / or program.
2. Every competitor, owner and parent is responsible for knowing the rules and regulations of the event and facility.
3. Competitors are responsible for knowing when their turn to compete is. Competitors and their horse must be in the alley promptly after being called. Competitors will be called 3 times over 1 minute, horses not across eye by then will forfeit their run. No exceptions and no abuse will be tolerated and will result in a disqualification.
4. A horse or pony shall be considered as one year old as of January 1<sup>st</sup> following the date of foaling.
5. **THERE ARE NO DOGS PERMITTED IN THE ARENA AT ANY TIME.** Dogs are permitted on the outside grounds but must be on a leash at all times.
6. Western attire is mandatory for Saturday and Sunday. Western attire shall consist of western shirt with cuff and collars and cowboy hat or approved helmet. Competitors not in western attire will be fined \$50. ***If you are not sure if you're attire meets the standard, ask at the office.***
7. Except for PeeWees, all entrants must enter the open. Any rider entering any eligible side pots will have their time carried over from their open run.
8. PeeWee rider is any rider 8 and under as of January 1<sup>st</sup>, 2020.  
Junior rider is any rider between the age of 9-16 as of January 1<sup>st</sup>, 2020.  
Senior rider is any rider 40 years and older as of January 1<sup>st</sup>, 2020.  
Futurity Horse – 5 & Under as of January 1<sup>st</sup>, 2020.  
Derby Horse – 7 & Under as of January 1<sup>st</sup>, 2020.

**\*\*\* INCLUDE PAPERS OR VET AFFIDAVIT CONFIRMING AGE OF HORSE FOR FUTURITY & DERBY ENTRIES**

9. **ENTRIES –**
  - a. any / all entries not received and paid in full by September 13<sup>th</sup>, 2020 will not be entered in the draw
  - b. Any / all entries not received and paid in full by September 13<sup>th</sup>, 2020 will be considered a late entry and have a \$10 late fee applied per horse and will be placed at bottom of the draw
  - c. Entries will be accepted up to #100 in the open – call 403-793-5312 if you are running late
  - d. **Entries made on day of event must be in cash or e-transfer**

10. There are **NO Refunds of Entry fees. NO exceptions.** All balances must be paid before arriving to the Silver Sage.
11. The Silver Sage Agricultural Society and Community Corral will not be held responsible for any loss, damage or injury to any person and/or animal resulting from participation in the Twirl & Whirl. Payment of entry fees and signing waiver accepts that participants and those travelling with participants use and participate in any activities on the premises at their own risk.

**12. STABLING –**

- a. Indoor stalls are available at a rate of \$30/horse/night or \$50/horse for weekend.
  - b. Outdoor stalls are available at a rate of \$25/horse/night or \$40/horse for weekend.
  - c. Stalls come with one (1) bag of shavings. Additional shavings are available on site for a fee of \$8/ bag.
  - d. Self-Penning is available at a rate of \$25 / horse – you are responsible for supplying your own fencing and to ensure your horse stays contained. Horses get 1 strike for self-penning – if they escape from their designated area – they will be penned at the expense of the owner.
  - e. There is a \$40 / horse deposit for indoor stalling that will be refunded upon proof of clean-up. (Separate cheque made payable to Silver Sage Community Corral).
13. Overnight camping is permitted but there are no power sites available. All overnight parking is to be in a designated area. Overnight and day parking is not permitted at or between the barns. Please exit the barn area after unloading.
14. There is no security in the barns overnight. Please secure your belongings as you deem necessary. The Silver Sage Agricultural Society and Community Corral will not be liable for theft or damage to personal property.
15. The concession will be available.
16. *There is zero tolerance for any cruel, abusive or inhumane treatment of any animal on the premises of the Silver Sage. Anyone in violation of this rule shall be disqualified immediately and be asked to leave the property. Violations could result in restriction from entry to premises and future events. Fees will not be refunded.*
17. *There is zero tolerance for any abusive treatment towards any committee member, director, volunteer, judges and fellow competitors. Anyone in violation of this rule shall be disqualified immediately and be asked to leave the property. Violations could result in restriction from entry to premises and future events. Fees will not be refunded.*

## **Covid-19 Questionnaire**

This form must be completed for every person on the grounds. Example if a parent is driving you to this event the other person must have this form completed as well as the rider.

Date: September 18-20, 2020

Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

1. Do you have any of the below symptoms:

- |   |     |    |
|---|-----|----|
| <input type="checkbox"/> Fever (greater than 38.0 C)              | Yes | No |
| <input type="checkbox"/> Cough                                    | Yes | No |
| <input type="checkbox"/> Shortness of Breath/Difficulty Breathing | Yes | No |
| <input type="checkbox"/> Sore Throat                              | Yes | No |
| <input type="checkbox"/> Chills                                   | Yes | No |
| <input type="checkbox"/> Painfull swallowing                      | Yes | No |
| <input type="checkbox"/> Runny Nose / Nasal Congestion            | Yes | No |
| <input type="checkbox"/> Feeling unwell / Fatigued                | Yes | No |
| <input type="checkbox"/> Nausea / Vomiting / Diarrhea             | Yes | No |
| <input type="checkbox"/> Unexplained loss of appetite             | Yes | No |
| <input type="checkbox"/> Loss of sense of taste or smell          | Yes | No |
| <input type="checkbox"/> Muscle / Joint aches                     | Yes | No |
| <input type="checkbox"/> Headache                                 | Yes | No |
| <input type="checkbox"/> Conjunctivitis                           | Yes | No |

2. Have you or anyone in your household travelled outside Canada in the last 14 days ? **Yes No**

3. Have you or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19? **Yes No**

4. Are you currently being investigated as a suspect case of COVID-19 ? **Yes No**

5. Have you tested positive for COVID-19 within the last 10 days ? **Yes No**

• I state that the information provided on this form is true and if any of my answers become **YES**, I will make CBHI staff aware right away and will stay home until **ALL** answers are **NO**.

• I am fully aware of the risks and hazards with respect to virus infection and transmission (ex. Covid-19) inherent in my attendance at the premises and my participation in the activities. I freely and voluntarily agree to assume the risk with respect to Covid-19 inherent with my attendance, including the risk of death or bodily injury that I or my child/ward may sustain as a result of my attendance however arising.

• I will not knowingly put anyone else at risk.

• I understand that in case of emergency physical distancing protocols may need to be breached.

If participant is under 18 years of age I am signing for (Print minor's name here): \_\_\_\_\_

Signature(s) \_\_\_\_\_

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “ For Participants **18 or Older**”

**Please Print Clearly**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_ Postal: \_\_\_\_\_

**Every Person must Read and Understand this form before Participating in Equine Activities**

TO: Silver Sage Agricultural Society o/a Silver Sage Community Corral their directors, employees, officers,  
(Name of Person, Organization or Company providing the Equine Activities)  
volunteers, business operators, and site property owners. (all of them collectively called the HOST)

*Initial each item below After Reading and Understanding the item*

- \_\_\_ 1. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- \_\_\_ 2. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
  - The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
  - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
  - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- \_\_\_ 3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.
- \_\_\_ 4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.
- \_\_\_ 5. **In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”)** agree
  - **To Waive All Claims that I might have against the “HOST”;** and
  - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
  - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Print Name of PARTICIPANT)

\_\_\_\_\_  
(Signature of Participant)

**Do Not Sign until you Understand All Items Above**