



DRESSAGE SCHOOLING SHOW

Date of Show: _____

ENTRY FEES \$30 PER CLASS, \$5 OFFICE FEE

Closing date the Thursday before show.

NAME OF RIDER: _____ AGE (if junior): _____

ADDRESS: _____ PH: _____

EMAIL: _____

PARENT/GUARDIAN (if junior): _____ PH: _____

NAME OF HORSE: _____

OWNER OF HORSE: _____ PH: _____

NAME OF TRAINER: _____ PH: _____

Test(s) of Choice: _____

Total No. of Tests: _____ @ \$30 Each Test = Total \$ _____

Add \$5 Office Fee

TOTAL ENCLOSED: \$ _____

RELEASE: I hereby acknowledge that I have voluntarily requested participation for myself or my minor child in equestrian activities at Santa Rosa Equestrian Center, LLC. I am aware that dressage, jumping and all other forms of horseback riding activities are dangerous and I am voluntarily participating with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death. I hereby release and hold harmless Santa Rosa Equestrian Center, LLC, its employees, independent contractors, volunteers and agree neither I nor my heirs and assignees will make a claim against, sue, attach the property of, or prosecute any of them for injury to myself, my horse, my property or to anyone else or for damage resulting from the negligence or other acts or omissions however caused, as a result of my engaging in any equestrian or related activity while at Santa Rosa Equestrian Center, LLC. I have carefully read this agreement and release, and fully understand its contents. I am aware that this is a release of liability and a contract between Santa Rosa Equestrian Center, LLC and myself. I also acknowledge that there are no warranties implied concerning the facilities, the event or the activities at Santa Rosa Equestrian Center, LLC. I further acknowledge that I am signing this contract of my own free will.

Signature of Horse Owner: _____ Date: _____

Signature of Rider: _____ Date: _____

Signature of Parent if Rider is a Minor: _____ Date: _____