



COMBINED TEST SCHOOLING SHOW

**ENTRY FEES: \$55 PER COMBINED TEST (jump round & dressage test)
Additional jump rounds \$25/dressage tests \$30; and \$5 OFFICE FEE**

Closing Date is Thursday prior to 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: _____

Please circle class: Elementary CT (X-rails) uses USDF Dressage Intro Test B (walk trot);
Introductory CT (18"- 2' verticals) uses USEA 2018 Beginner Novice Test A Dressage
test; Beginner Novice USEA 2018 A or B; Novice USEA 2018 A or B; Training USEA
2018 A or B; and Preliminary USEA 2018 A or B; Test Of Choice _____

Total No. of Classes: _____ @ \$55 Each Class = Total \$ _____

Add \$5 Office Fee Entry for Total

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: _____