

2016 Entry Form ODS Practice/Schooling Show Dressage Competitions

Complete both sides -- SIGN all required boxes on page 2

Each person signing is responsible for knowing the Show Rules and of all applicable rules of the organizations recognizing this competition

For Office Only

Name of Competition: _____ Date of Competition: _____ to _____

<u>Horse Information</u>	<u>Owner Information</u>	<u>Class Fees</u>	
Name _____	Name _____	Class No. Level Test Division Fee	
Breed _____	Address _____		
Sex _____ Height _____ Age _____	City _____		
Color _____	State _____ Zip _____		
For Sale <input type="checkbox"/> At stud <input type="checkbox"/>	Phone Number _____		
	Email _____		
	Check if same as rider <input type="checkbox"/>		
Total Class Fees \$			
<u>Rider Information</u>	<u>Trainer Information</u> <small>(adult on grounds responsible for horse)</small>	<u>Stabling Fees</u>	
Name _____	Name _____	Horse Stall	
Address _____	Address _____	Tack Stall	
City _____	City _____	Haul In	
State _____ Zip _____	State _____ Zip _____		
Phone Number _____	Phone Number _____	Total Stabling Fees \$	
Email _____	Email _____		
Rider Status Open <input type="checkbox"/> AA <input type="checkbox"/> Jr/YR <input type="checkbox"/>	Check if same as rider <input type="checkbox"/>		
Date of Birth if Jr/Yr _____			
<u>Coach Information</u> <small>(if coaching on grounds, must have signature)</small>		<u>Miscellaneous Fees</u>	
Yes I would like to Volunteer	Name _____	Office Fee	
Name: _____	Address _____	ODS Education Fund Donation	
Phone and email only if different from Rider	City _____	Camping Fee	
_____	State _____ Zip _____	Post entry or late fee	
_____	Phone Number _____	Other Fee (specify)	
Preferred jobs: _____	Email _____	Other Fee (specify)	
_____		Total Miscellaneous Fees \$	
(we will make sure your volunteer time does not interfere with your warm up, ride times or sign up at the show)		Total Show Fees \$	

This document affects your rights in event of injury.

Releasor desires to engage in equine activities sponsored by, or in which Releasor will be using equipment, facilities, and/or premises furnished by, Releasee. Releasor understands there are inherent dangerous risks of serious injury or death in equine activities. As a condition of participation in equine activities, Releasor (individually and for his/her heirs, executors, assigns, invitees, and minor children) waives the right to bring, and releases Releasee and Releasee's administrators, agents, officers, directors, employees, predecessors and successors-in-interest, and any other persons or entities united in interest with Releasee from any and all manner of actions, suits, claims for relief, demands, damages, and any other obligations, known and unknown, suspected and unsuspected, in law or equity, direct or indirect, and whether now or in the future, for any injury or death arising out of or connected in any way with riding, training, driving, boarding, grooming, or riding as a passenger upon an equine. If for any reason any provision of this release is determined to be invalid, the remainder shall continue in full force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual, not a mere recital.

Releasee: Oregon Dressage Society, Inc. & Show Management

By signing below, I ACKNOWLEDGE that I have read and understood this release, and I AGREE to be bound by all applicable ODS Rules.

MANADATORY SIGNATURES

(sign all three lines even if same person)

RIDER/DRIVER/HANDLER/VAULTER/LOUNGEUR

1. Signature: _____

Print Name: _____

Parent must also sign if Rider is a Minor

OWNER/AGENT

2. Signature: _____

Print Name: _____

TRAINER (adult on grounds responsible for horse)

3. Signature: _____

Print Name: _____

SIGN IF APPLICABLE

COACH

4. Signature: _____

Print Name: _____

PARENT/GUARDIAN (required if rider is a minor)

5. Signature: _____

Print Name: _____

EMERGENCY CONTACT INFORMATION

(who to contact in a emergency — this is mandatory)

RIDER EMERGENCY

Name: _____

Phone No.: _____

HORSE EMERGENCY

Name: _____

Phone No.: _____