

Horse Power Healing Center May 12, 2018 Dressage Schooling Show Entry Form

PLEASE PRINT— ONLY ONE HORSE PER ENTRY FORM

Name of Horse	Breed	Sex	Age

Name of Handler/Rider for Horse: _____

Class #	Test Name	Division: Open, Amateur, Junior, Therapeutic or Gaited	Fees

Name of additional Handler/Rider for Horse: _____

Class #	Test Name	Division: Open, Amateur, Junior, Therapeutic or Gaited	Fees

STABLING REQUESTS: _____

OWNER NAME _____

ADDRESS, CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

(We will not share your email or address information.)

*** ALL OWNERS/ HANDLERS/ RIDERS/ DRIVERS MUST SIGN REVERSE SIDE ***

(If the Handler/Rider/Driver is a Minor Parent/Guardian please sign the REVERSE side)

Entries must be postmarked by 5-4-18 to avoid late fees.

MAKE CHECKS PAYABLE TO: HPHC
Mail To: S101 W34628 County Road LO
Eagle, WI 53119

OFFICE USE:

PAYMENT TYPE: CASH CHECK

COGGINS #: _____ DATE _____

DRESSAGE ENTRY _____ @\$15 = _____

LEADLINE ENTRY _____ @\$10 = _____

OFFICE FEE _____ @ \$15 _____

TOTAL ENTRY FEES \$ _____

FRIDAY- SATURDAY STALLS _____ @\$40 = \$ _____

DAY OF SHOW STALL _____ @\$35 = \$ _____

TACK STALL _____ @\$35 = \$ _____

TOTAL STALL FEES \$ _____

*NOTE: Separate \$35 stall cleaning deposit check required
 Refundable if stall is stripped clean.

SHOWING FROM TRAILER _____ @\$25 = _____

RV/CAMPER HOOKUP per day (with electric) _____ @\$25 = _____

CLASS SPONSOR FEE _____ @\$25 = _____

POST-ENTRY LATE FEE (If schedule permits) _____ @\$10 = _____

NON-COMPETE FEE _____ @ \$25 = _____

OTHER FEES _____

TOTAL AMOUNT OWED \$ _____

HORSE POWER HEALING CENTER SHOW WAIVER

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants in the Horse Power Healing Center Benefit Dressage Schooling Show (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler, and the horse) for themselves, their principals, representatives, employees, agents: (1) shall be subject to the rules of the Horse Power Healing Center Benefit Dressage Schooling Show ; (2) represent that every horse, rider, driver and handler is eligible as entered; (3) agree to be bound by the rules of the United States Dressage Federation and North American Western Dressage, and will accept as the final decision of the hearing committee on any question arising under said rules and agree to hold the Horse Power Healing Center Benefit Dressage Schooling Show, Horse Power Healing Center, Reid and Linda Sorensen, Sorensen Equestrian Park, and its officers, directors, employees, and agents harmless for any action taken: and (4) agree that they participate voluntarily in the competition full aware that horse sports and the competition involve inherent dangerous risk of serious injury or death and by participating they expressly assume and all risks of injury, or loss, and they agree to indemnify and hold the Horse Power Healing Center Benefit Dressage Schooling Show, Horse Power Healing Center, Reid and Linda Sorensen, Sorensen Equestrian Park and their officers, directors, employees, and agents harmless from any and against all claims including for any injury or loss suffered during, or in connections with the competition, whether or not such claim, injury or loss resulted, directly or indirectly from the negligent acts or omissions of said officers, directors, employees or agents of the Horse Power Healing Center Benefit Dressage Schooling Show, Horse Power Healing Center, Reid and Linda Sorensen, and Sorensen Equestrian Park.

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of an person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1)(E) of the Wisconsin Statutes.

OWNER/ EXHIBITOR /HANDLER CONSENT

I hereby consent to the entry in this horse show and acknowledge that I have read the front side and reverse side of this entry form and agree to the applicable terms, conditions, waivers, and consent as set forth herein and accept responsibility for the said participation.

*** ALL OWNERS/ HANDLERS/ RIDERS MUST SIGN BELOW ***

OWNER SIGNATURE _____ DATE: _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)

HANDLER/RIDER SIGNATURE _____ DATE: _____

ADDRESS _____ PHONE _____ EMAIL _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)

HANDLER/RIDER SIGNATURE _____ DATE: _____

ADDRESS _____ PHONE _____ EMAIL _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)

JUNIOR/ MINOR EXHIBITOR CONSENT

I hereby consent to the entry of my child in this horse show and acknowledge that I have read the front side and reverse side of this entry form and agree to the applicable terms, conditions, waivers, and consent as set forth herein and accept responsibility for the participation of said junior/minor.

Name of Junior _____ Birth date _____

Name of Junior _____ Birth date _____

Signature of Parent or Guardian _____ Date _____

Address _____ City, State, Zip _____

Phone _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)