

2021**Fantasy Horse Show IV - Sunday, June 20, 2021**

| Name of Horse | | Breed | Sex |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|-----------------|
| | | | |
| Rider/Handler Name | | | Jr/Sr |
| | | | |
| Class No. | Division Jr/YR, AA or Open | Class Description | Fee |
| | | | |
| | | | |
| | | | |
| Rider | | Subtotal Class Fees | |
| Address | | Stalls @\$35 per day | |
| City/State/Zip | | Bedding @\$9.00/Bag QTY _____ | |
| Phone | | Non Competing Horse Fee @\$25 | |
| Cell | | Medic Fee @\$15 | |
| | | Jump Out Fee @ \$25 | |
| E-mail | | TOTAL FEES | |
| Stabling Information & Special Requests: Please list only ONE name (individual or barn) to stable with | | | |
| Group/Self | | Friday | Saturday |
| Stalls | | | Sunday |
| Stable Group: | | Contact: | |

I hereby agree to release, indemnify and hold harmless laDCTA, NDA, EIDEA, instructors, officers, directors, agents, the facility owners, show management and all volunteers associated with this event from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also hereby agree to release, indemnify and hold harmless any competition licensee, show management, show committee and members, officers, directors, agents and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this competition or related activities.

I AGREE in consideration for my participation in this Competition to the following: I AGREE that "The Competition" and "Organizations" as used herein includes the Licensee and Competition Management as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, longeur, lessee, owner, agent, coach, trainer or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks if accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm"). I AGREE to hold harmless and release the Organization and Competition from all claims to money damages or otherwise for any Harm to me or my horse and for any harm of any nature caused by me or my horse to others, even if the Harm arises or results resulting, directly or indirectly, from the negligence of the Organization or Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including harm resulting from the negligence of the Organization or Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred) the Organization and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any harm caused by me or my horse while at the Competition. I have read the rules of the Organization or recommendations by the Organization and Competition about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Organization strongly encourages me to do so while WARNING that no protective equipment can guard against injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. BY SIGNING BELOW, I AGREE to be bound by all Organization Rules and all terms and provisions of this entry blank.

| Rider's Signature | Parent's signature (If rider is under 18 years old) | Date |
|-------------------------------------|-----------------------------------------------------|--------|
| | | |
| Rider Emergency Contact Information | | |
| Name of Contact/Relationship: | | Phone: |