



## Combined Test & Dressage Show Entry Form March 24, 2019 (one entry per Horse/ Rider)

### Combined Test Entry:

Rider: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Horses Name: \_\_\_\_\_  
Horse Trial Division: \_\_\_\_\_ Dressage Test: \_\_\_\_\_  
CT Fees(\$50): \_\_\_\_\_ + \$10 Office Fee + Extra Dressage Tests(if Applicable\$20) \_\_\_\_\_ +  
Extra Stadium Rounds(if Applicable\$25) \_\_\_\_\_ +Stall Fee(if Applicable \$35) \_\_\_\_\_  
Total Fees: \_\_\_\_\_

### Dressage Only or Extra Combined Test Dressage Ride Entry

Rider: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Horses Name: \_\_\_\_\_  
Dressage Tests: \_\_\_\_\_  
Dressage Fees(\$20): \_\_\_\_\_ + \$10 Office Fee + Stall Fee (if applicable\$35) \_\_\_\_\_  
Total Fees: \_\_\_\_\_

### This is a Release of Liability. Please Read before Signing:

I am participating in this equestrian sport. I understand that this is a high-risk sport. I hereby assume all risks and further do hereby release and hold harmless Celtic Cross Equestrian Center, and all employees and volunteers from liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property, including the horse(s) which I will ride. I agree to wear protective headgear while riding which meets the standards currently imposed by United States Equestrian Association. I have read and do understand and agree to all the above information. My signature below is an affirmation of my agreement.

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Rider Signature

Date

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Guardian Signature if under 18

Date

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Owner / Agent Signature

Date