

ONLY ONE (1) OWNER PER FORM

| OWNER | |
|---|---------------------|
| Print Name of Legal Owner (Signature on Back) | |
| Street or P.O. Box of Owner or Agent | |
| City | State Zip |
| Phone No. of Owner | Owner Email Address |
| | |
| | |

Charity Fair Horse Show

MISCELLANEOUS & ACADEMY DIVISION

JUNE 6 – 9, 2018

**Del Mar Fairgrounds
Del Mar, California**

ENTRIES CLOSE MAY 19, 2018

| TRAINER | |
|--|-----------------------|
| Print Trainer's Name (Signature on Back) | |
| Street or P.O. Box of Trainer | |
| City | State Zip |
| Phone No. of Trainer | Trainer Email Address |
| | |
| | |

COMPLETE BOTH SIDES OF THIS FORM

| LEAVE BLANK | NAME OF HORSE (Class Number Under Name. One Class Per Square) | TOTAL FEES | DESCRIPTION | BREED REG # (if applicable) | RIDER, DRIVER OR HANDLER (Provide address on reverse) |
|-------------|--|------------|-------------|--------------------------------|--|
| | | | Color: | BREED REG# | NAME: |
| | | | DOB: | | |
| | | | Color: | BREED REG# | NAME: |
| | | | DOB: | | |
| | | | Color: | BREED REG# | NAME: |
| | | | DOB: | | |
| | | | Color: | BREED REG# | NAME: |
| | | | DOB: | | |

IF IN POSSESSION, PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS SHOWING PROOF OF OWNERSHIP WITH THIS ENTRY FORM.

| CREDIT CARD PAYMENT INFORMATION | |
|---|------------------|
| Name as it appears on card | |
| Card Number / Type | |
| Exp. Date | Billing Zip Code |
| 3 digit security code | |
| Cardholder's Signature | |
| Note – 3% transaction fee to be applied | |

**MAKE ALL CHECKS PAYABLE TO:
CHARITY FAIR HORSE SHOW**

**NO ENTRIES ACCEPTED UNLESS
ACCOMPANIED BY CHECK IN FULL
OR CREDIT CARD AUTHORIZATION**

**FOR MORE INFORMATION CALL:
RON HOOD (831) 637-8510**

MAIL ENTRIES TO:

**CHARITY FAIR HORSE SHOW
RON HOOD
280 MANSFIELD ROAD
HOLLISTER, CA 95023**

| | |
|--|--------------------------|
| ENTRY FEES | \$ _____ |
| POST ENTRY FEE (PER HORSE – SEE RULE 13).....(____) x \$ 40 | \$ _____ |
| OFFICE FEES (PER OWNER) | x \$ 30 \$ _____ |
| CREDENTIALS at \$15.00 per person | (____) x \$ 15 \$ _____ |
| DIRT STALLS, NO FIRST BEDDING..... | (____) x \$ 125 \$ _____ |
| TACK ROOM (WITH CEMENT FLOOR)..... | (____) x \$ 125 \$ _____ |
| EARLY ARRIVALS (PER DAY, PER STALL) | (____) x \$ 30 \$ _____ |
| GROUNDS FEE per horse, per day horses not requiring stalls | (____) x \$ 35 \$ _____ |
| CA DRUG FEE (PER HORSE)..... | (____) x \$ 5 \$ _____ |
| BOX SEATS - SEE PAGE 5 | (____) x \$ 250 \$ _____ |
| CLASS SPONSOR - SEE PAGE 5 | \$ _____ |
| TOTAL ENCLOSED | \$ _____ |
| STABLE WITH | _____ |

Charity Fair Horse Show Entry Agreement

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employees and agents shall be subject to the rules of the Charity Fair Horse Show and the Del Mar Fairgrounds, and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the above, its officers, directors, and employees harmless for any action taken.

Assumption of Risk, Waiver, and Indemnification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition, Charity Fair Horse Show, to the following:

- I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, 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 of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).
- I AGREE to release the Competition, Charity Fair Horse Show at the San Diego County Fair, from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition.
- I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition, Charity Fair Horse Show, Del Mar Fairgrounds, 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 at the Competition. I understand that I am entitled to wear protective equipment without penalty and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.
- If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to assume all of the obligations of this Release on the child’s behalf.
- I AGREE that the Charity Fair Horse Show and the Del Mar Fairgrounds, as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
- I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Competition on the official USEF accident/injury report form.
- 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 APPLICABLE CHARITY FAIR HORSE SHOW, DEL MAR FAIRGROUNDS RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY BLANK. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

OWNER/AGENT (MANDATORY)

TRAINER (MANDATORY)

Adult Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

RIDER/DRIVER/HANDLER #1 (MANDATORY)

RIDER/DRIVER/HANDLER #2 (MANDATORY)

Print Name: _____ Jr. DOB: _____

Print Name: _____ Jr. DOB: _____

Rider #1 Street Address: _____

Rider #2 Street Address: _____

Rider #1 City/State/Zipcode: _____

Rider #2 City/State/Zipcode: _____

Emergency Contact Phone No: _____ Email address: _____

Emergency Contact Phone No: _____ Email address: _____

Rider #1 Signature: _____

Rider #2 Signature: _____

(If exhibitor is a minor, Parent/Guardian to sign)

(If exhibitor is a minor, Parent/Guardian to sign)

Print Name – of Adult/Guardian: _____

Print Name – of Adult/Guardian: _____