



Valley Center Vaqueros Full Time Member:

_____ Yes
 _____ No

Rail Show Entry Form
 Number Issue: _____

Show Date: 2/09 4/19 6/14

Exhibiter Name: _____

Phone: _____ Division: 13/Under 14-17 18 & Over Open

Email: _____

Horses Show Name: _____

You may **not** cross enter
 Walk/Trot and
 Walk/Trot/Canter

Total Number of	Classes	_____	_____

Daily High Point \$15	
\$10 (members) & \$12 (non-members) Per Class	
Total Class Fees	
Early Entry Discount (Entry must be received the Thursday prior to show date)	
Mandatory CA Drug Fee	\$8.00
One Day Membership \$20	
Per Each Extra Horse \$10	
Corral \$10	
Total Enclosed	

Payment:
 Check: # _____
 Cash: _____
 PayPal: _____
info@valleycentervaqueros.com
 VC Vaqueros Bucks: _____

Release of Liability

In consideration of the acceptance of the foregoing entry, it is understood and agreed that I/we are aware of the risk and exposure to personal injury involved through horsemanship activities, and I hereby release the VALLEY CENTER VAQUEROS and the officers and members thereof, and each of them from all and every claim for damages which may be suffered by me or them or any of them because of any matter, thing or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing, condition, negligence or default, and/or any person or persons whatsoever, in the exhibitions, sports, contests and parades, or any of them held or given by or under direction of said association.

Attached hereto and incorporated herein by reference a specific waiver of liability. User will indemnify, save harmless, and defend Valley enter Parks and Recreation and its individual members, from all liability from loss, damage, or injury to persons of property in any manner arising out of, or incident to there performance of this agreement, including without limitation all consequential damages, whether or not resulting form the negligence of Valley Center Parks and Recreation, board members or agents thereof. The undersigned does hereby agree to these conditions.

 Signature of Exhibitor/Parent Guardian

 Date

 Print Name