

COMPLETE BOTH SIDES - ENCLOSE COPIES OF ALL CARDS - SIGN! - Entrant/Signer is responsible for knowledge of all Show Rules and of all applicable rules from recognizing authorities.

MAIL TO:

Lois Quinn, TMC/CDS 661-821-6323

SHOW NAME: Tehachapi Midsummer Dressage SHOW DATE: July 28, 2019 CLOSING: July 19, 2019

Show Secretary tehachapi\_dressage@sbcglobal.net  
30000 S Lower Valley Road  
Tehachapi, CA 93561

**HORSE INFORMATION**

Name: \_\_\_\_\_

Breed/Breed Registry Initials: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Color: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Damsire: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Year Born: \_\_\_\_\_

Breeder: \_\_\_\_\_

**RIDER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Rider Status (circle one): OPEN AMATEUR YR JR

**USEF Amateur DRESSAGE card required**

JR/YR Date of Birth: \_\_\_\_\_

CDS/GMO MEMBERSHIP NUMBER: \_\_\_\_\_

**OWNER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

CDS/GMO MEMBERSHIP NUMBER: \_\_\_\_\_

**TRAINER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

LEVEL	TEST	DIVISION (Jr, YR, AA, OPEN)	Fees

**STABLING REQUEST**

PROOF OF CURRENT VACCINATIONS IS REQUIRED

Stable with: \_\_\_\_\_

Arrival date/time: \_\_\_\_\_

Person Responsible/Contact Information \_\_\_\_\_:



SUBTOTAL CLASS FEES	
CAL DRUG FEE @\$5	\$5
CDS Travel Grant (English Dressage Classes) @\$3	\$3
CDS Non-member Rider Fee @\$15	
CDS Non-member Owner Fee @\$15 (IF DIFFERENT)	
Grounds Fee @\$10 (PER DAY) (non-BVS residents)	
CDS Junior Donation (optional)	
Region VII YR Donation (optional)	
Late Fee	
Change Fee	
Non-competing (schooling) horse (\$25 PER DAY)	
Corral, Stall or Camping Fee	
<b>TOTAL AMOUNT DUE WITH ENTRY</b>	

**FOR OFFICE USE ONLY**

Missing Signatures	Missing Copy of CDS Numbers or Amateur Card	Comments:
Rider		
Owner		
Trainer	N/A	
Coach	N/A	
Parent	N/A	
<b>TOTAL AMOUNT PAID</b>	\$	
Paid by: Cash	Check	Check No.
<b>BALANCE DUE AT SHOW</b>	\$	
Paid by: Cash	Check	Check No.

CHECK PAYABLE TO: **Tehachapi Mountain Chapter**

Show sponsored by:  
**Bear Valley Springs Dressage Club**

Show managed by:  
**Tehachapi Mountain Chapter - CDS**

**ENTRY AGREEMENT - ALL PROVISIONS APPLY**

Owner/agent/participant agrees that show management is merely providing stabling for the convenience of the participant and that management, the sponsoring organizations and the facility shall have no responsibility whatsoever for any injury, loss, damage, etc., as a result of using said stabling. Owner/agent/participant agrees to indemnify, defend, and hold all sponsoring and recognizing organizations, show management, their officials, officers, directors, employees, agents, personnel, volunteers harmless from any loss, damage or claims as a result of said use. Owner/agent/participant assumes all care, custody, and control with regard to this use. Owner/agent/participant agrees that every horse entered or which they bring to the show grounds will be subject to the rules of the horse show management but that neither the horse show management nor any sponsoring organization will, in any case, be responsible for damages as a result of any loss, damage or claim that may occur. They agree to defend, indemnify and hold the horse show facility, horse show management, their directors, officers, officials and/or volunteers and affiliated organizations harmless therefrom.

I hereby agree to release, indemnify and hold harmless USDF, its instructors, 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 also hereby agree to release, indemnify and hold harmless the 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.

**FEDERATION ENTRY AGREEMENT**

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the competition. I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the competition may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR1502.5.

**FEDERATION RELEASE, 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 [ **Tehachapi Midsummer Dressage** ] to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, 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 Federation and the Competition 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 Federation or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation 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 at the Competition.

I have read the Federation Rules about protective equipment, including GR318 and EV113, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation 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 all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

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 Federation on the official USEF accident/injury report form.

**BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.**

***Sign all THREE lines, even if same person - MANDATORY***

***SIGN IF APPLICABLE***

**RIDER/DRIVER/HANDLER/VAULTER/LONGEUR**

**1. Signature** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**OWNER/AGENT**

**2. Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**TRAINER: Adult on grounds with responsibility for the horse.**

**3. Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**EMERGENCY CONTACT NUMBER**

**MANDATORY**

\_\_\_\_\_

**COACH Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**PARENT/GUARDIAN Signature:**

**(Required if Rider/Driver/Handler is a minor)**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_