

Owner	
Name	
Address	
City/State/Zip	
Phone	
CDS #	
Email	

## Let's Go Show 1

Entries Must be RECEIVED by Friday, March 8, 2019

For More Information  
 Contact:: Glenda McElroy  
 glenda@glenroys.com  
 : 818-841-3554  
 Fax: 818.840.8208

Send Entries To:  
 Diana Muravez  
 2552 Los Cerritos  
 Fallbrook, CA 92028  
 Dianaloire@aol.com

For Office Use Only	
Entry #	
Payment Information: (Make checks payable to Cornerstone Events)	
CC #:	
Expires:	CRV Code:
Check #	Amount:

RIDER INFORMATION		TRAINER		CLASSES	
Name		Name		Classes	Fees
Address		Address			
City/State/Zip		City/State/Zip			
Phone #		Phone #			
Email:		Email Address:			
CDS #	Amateur - Yes <input type="checkbox"/> NO <input type="checkbox"/>	CDS #		Total Class Fees:	\$

NAME OF HORSE								STABLE INFO							
Breed	Color	Age	Sex	Height	Yr. of Birth	Sire:	Dam:	<b>STABLE WITH:</b>							
<p><b>Stabling Information : Order Shaving US Horse/Shavings (818) 559-9699 www.usahorsefeedandshavings.com</b></p> <table border="1" style="width: 100%;"> <tr> <td>Number of stalls (horse) needed:</td> <td>Arriving:</td> </tr> <tr> <td>Number of stalls (tack/grooming) needed:</td> <td></td> </tr> <tr> <td>Stable with:</td> <td>Departing:</td> </tr> </table> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">PLEASE SEE BACK FOR SIGNATURE PAGE</p>								Number of stalls (horse) needed:	Arriving:	Number of stalls (tack/grooming) needed:		Stable with:	Departing:	<b>DEPOSIT AMT DUE WITH THIS ENTRY</b>	
								Number of stalls (horse) needed:	Arriving:						
								Number of stalls (tack/grooming) needed:							
								Stable with:	Departing:						
								Office Fee \$20	\$						
								Stall Fees:	\$						
								Fri– Sun \$125	\$						
								Sat–Sun \$100	\$						
								\$75 day per day	\$						
								(See Stable Info )							
<b>ARRIVAL DAY:</b>															
Grounds Fee \$20/day	\$														
(for horses not stabled) _____															
RV Parking (per night)	\$														
\$85 x _____															
<b>TOTAL AMOUNT ENCLOSED</b>															
<b>FEES DUE</b>															
Class Fees	\$														
California Drug Fees	\$	5.00													
CDS Travel Grant	\$	3.00													
Class Sponsorship - \$50															
<b>OTHER FEES THAT MAY APPLY:</b>															
CDS Non-Member Fees @\$15 per non member (rider, owner)															
Fax/Electronic Fee \$15 / Late Fee \$50															
Total Fees:															

By entering this 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 Rules of USEF, California Dressage Society and the local rules of the Competition. I agree to release and hold harmless the competition, CDS, 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, CDS and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media 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.

### **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 Let's Go Show I to the following:

I AGREE that, CDS and the "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, lessee, owner, agent, 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.

I AGREE to hold harmless and release USEF, CDS and the Competition from all claims for 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, 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 while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114, 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 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 on the official USEF accident/injury report form.

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

**SIGN ALL THREE LINES, EVEN IF SAME PERSON - MANDATORY**

**RIDER / DRIVER / HANDLER**

**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 PHONE  
NUMBER**

**MANDATORY**

**SIGN IF APPLICABLE**

**COACH Signature**

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

**PARENT / GUARDIAN  
Signature**

\_\_\_\_\_  
**Required if Rider/Handler is a minor  
Print Name**