



Kick-Off Schooling Show • April 10-11, 2021

Office Use Only

MAIL 3801 Hughes Parkway, Paso Robles, CA 93446

EMAIL office@pasorobleshorsepark.com

ENTRIES CLOSE March 26, 2021

Horse's Information					
Horse's Name:				T.I.P. #:	
Breed:	Color:	Age:	Sex:	Height:	
Owner's Information					
Owner's Name:					
Address:					
City:		State:	Zip:		
Phone: ()					
Email:					
SSN or Fed Tax ID # (for prize money):					

Fees Due With This Entry

Horse Stalls: \$75 x _____ = \$ _____
Tack Stalls: \$75 x _____ = \$ _____

Total Enclosed: \$ _____

To pay by credit card, please fill out the Credit Card Authorization form, located in this prize list and submit with this entry. Otherwise, include a check payable. Credit card and check payments will be deposited on the entry closing date.

PASO ROBLES HORSE PARK LLC & FOUNDATION RELEASE, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION

I Agree, in consideration as a competitor, participant, trainer, rider, horse owner or other to the following:

I Agree that I choose to participate voluntarily with my horse, as a rider, driver, handler, cauler, longeur, lessee, owner, agent or as a parent or guardian of a participant/exhibitor under 18 years of age. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones and head injuries, sickness and disease (including communicable diseases), trauma, pain, suffering or death ("harm").

I Agree to release the Paso Robles Horse Park LLC and Foundation (Park) from any and 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 Park.

I Agree to expressly assume all risks of harm to me, or my horse, including harm resulting from the negligence of the Park.

I Agree to indemnify the Park, its officers and employees and agents and to hold it harmless with respect to claims for harm to me or my horse(s) and for claims made by other for any harm caused by me or my horse(s) during any competition or while at the Park.

I Agree that the Park as used herein includes all of its officials, directors, employees, agents, personnel, volunteers, affiliated organizations and vendors.

I Agree that I shall not now or at any time in the future, directly or indirectly, prosecute any action, suit or other proceeding against the Park arising out of or relating to actions, causes of action, claims and demands hereby waived, released or discharged by me, which released claims include all which are known and unknown, foreseen and unforeseen, future or contingent. This release shall be binding upon me and my spouse, legal representatives, heirs, successors and assigns.

I represent that I have the requisite training, coaching and abilities to safely participate in competition or other events at the Park and to be bound by all of the above terms and other rules and regulations of the Paso Robles Horse Park Foundation.

By signing on the line below, I agree to be bound by all applicable rules and regulations of the Paso Robles Horse Park Foundation, including those outlined in the full waiver in the Prize List.

Owner Signature: _____

Trainer Signature: _____

Rider 1 Signature: _____

Rider 2 Signature: _____

Rider 3 Signature: _____

Parent/Adult Guardian Sign & Print Name (if any riders are minors):

Signature: _____

Print Name: _____

Trainer's Information			
Trainer's Name:		Barn/Farm Name:	
Address:		Email:	
City:		State:	Zip:
Phone: ()			

Other Possible Fees Due At The Show

Late Entry Fee **\$25**
(if entry is received after March 26, 2021)
 California Drug Fee **\$8**

Rider 1 Information			
Rider 1 Name:		Date of Birth: ___/___/____	
Address:		Phone: ()	
City:		State:	Zip:
Email Address:			

Sections / Classes for Rider 1

Rider 2 Information			
Rider 2 Name:		Date of Birth: ___/___/____	
Address:		Phone: ()	
City:		State:	Zip:
Email:			

Sections / Classes for Rider 2

Rider 3 Information			
Rider 3 Name:		Date of Birth: ___/___/____	
Address:		Phone: ()	
City:		State:	Zip:
Email:			

Sections / Classes for Rider 3

Prize Money Payee Information			
Prize Money Payee:		Email:	
Address:		SSN or Fed Tax ID #:	
City:		State:	Zip:
Emergency Contact Information			
Emergency Contact (during the show) - Name:			Phone: ()

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Entry Postmarked ___/___/____

Amount Received: \$ _____

Check #: _____ CC Transaction #: _____