



# Winter Wonderland Schooling Show • Dec. 4-5, 2021

Office Use Only

MAIL 3801 Hughes Parkway, Paso Robles, CA 93446 • EMAIL office@pasorobleshorsepark.com • ENTRIES CLOSE Nov. 19, 2021

Horse's Name:		T.I.P. #:	
Breed:	Color:	Age:	Sex:      Height:
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 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 Nov. 19, 2021)*  
 California Drug Fee **\$8**

Rider 1 Name:	Date of Birth: ___/___/_____	Sections / Classes for Rider 1  _____  _____
Address:		
City:	State:      Zip:	

Rider 2 Name:	Date of Birth: ___/___/_____	Sections / Classes for Rider 2  _____  _____
Address:		
City:	State:      Zip:	

Rider 3 Name:	Date of Birth: ___/___/_____	Sections / Classes for Rider 3  _____  _____
Address:		
City:	State:      Zip:	

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

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Entry Postmarked \_\_\_/\_\_\_/\_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ CC Transaction #: \_\_\_\_\_