

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting **office@pasorobleshorsepark.com**. This authorization will remain in effect until canceled.

Credit Card Information	
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other: _____	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	CVV Code:
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize the Paso Robles Horse Park Foundation to charge my credit card above for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date



Feed Order Form

Order Date ____/____/____ Time ____ : ____ am/pm
Delivery Date ____/____/____ Time ____ : ____ am/pm

Trainer _____ Ordered By _____
Barn _____ Phone Number _____
Event _____

		GRAINS	Quantity	Cost
		Alfalfa Hay Pellets	_____	_____
		Alfalfa/Bermuda Hay Pellets	_____	_____
		Timothy Hay Pellets	_____	_____
		Wheat Bran	_____	_____
		Natural Glo Pellets (Rice Bran)	_____	_____
		Shredded Beet Pulp	_____	_____
SHAVINGS	Quantity	Omolene 200	_____	_____
ICE	Cost	Purina Equine Senior	_____	_____
		Strategy GX	_____	_____
HAYS		Ultium	_____	_____
Alfalfa	_____	Triple Crown Senior	_____	_____
Timothy	_____	Triple Crown Senior Gold	_____	_____
Orchard	_____	Triple Crown Perform Gold	_____	_____
		Triple Crown 30% Balancer	_____	_____
		Triple Crown Ground Flax Seed	_____	_____
		Triple Crown Low Starch	_____	_____
		Elk Grove Stable Mix	_____	_____
		Elk Grove Stable Mix Lite	_____	_____
		Elk Grove Stable Mix Senior	_____	_____
		Elk Grove Stable Mix Senior w/ G&C	_____	_____

TOTAL COST

Bill To:

Individual Account _____

Trainer Account _____

OFICCE USE ONLY Entry# Barn# Stall#

Delivered By _____

REQUIRED WAIVER & RELEASE FORM

Please note that every person on the property must have a signed Paso Park Release and a signed USEF Waiver and Release of Liability prior to entering the show grounds. To expedite the entry process, please submit both waivers for all members of your group (parents, grooms, etc.) with this entry form.

Paso Robles Horse Park LLC & Foundation

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER, AND INDEMNIFICATION AGREEMENT

- Please note that every person must sign and submit this form and a USEF Waiver and Release of Liability prior to entering onto the Paso Robles Horse Park (the "Park") property.
- To expedite the entry process, please submit both waivers for all members of your group (parents, grooms, etc.) with the event entry form.

THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING.

1. Consideration & Acknowledgment of Risk. In consideration for being permitted to participate in equestrian activities, including but not limited to competitions, training, riding, handling, and any related events at the Park, I, the undersigned, acknowledge and agree as follows:

a. I understand and acknowledge that equestrian activities are inherently dangerous and involve significant risks of serious bodily injury, illness (including communicable diseases), permanent disability, paralysis, or death to myself, my horse(s), and others. I further acknowledge that these risks include, but are not limited to, falls, collisions, unpredictable animal behavior, equipment failure, and the negligence of other participants, spectators, and event organizers.

b. I represent that I have the necessary training, experience, and physical ability to participate safely and that I will comply with all rules and regulations of the Paso Robles Horse Park Foundation (the "Foundation"), Paso Robles Horse Park, LLC ("PHRP"), and any governing equestrian bodies.

2. Waiver and Release of Liability. To the fullest extent permitted by law, I voluntarily release, waive, and discharge the Park, the Foundation, PHRP, and their respective officers, directors, managers, employees, agents, volunteers, affiliated organizations, insurers, sponsors, and vendors (collectively, the "Released Parties") from any and all claims, demands, causes of action, liabilities, costs, or expenses, including attorney's fees, arising out of or related to any injury, death, or property damage that I, my horse(s), or my guests may suffer while at the Park, whether caused by the negligence of the Released Parties or otherwise.

3. Express Assumption of Risk. I voluntarily assume all risks of injury or death for myself and my horse(s), and for property damage associated with my participation in equestrian activities at the Park, including risks that may arise from the negligence of the Released Parties.

4. Indemnification and Hold Harmless. I agree to indemnify, defend, and hold harmless the Released Parties from any claims, damages, liabilities, costs, or expenses (including attorney's fees) arising from:

- a. Any injury, death, or property damage caused by me or my horse(s) while at the Park;
- b. Any claims brought by third parties against the Released Parties due to my actions or the actions of my horse(s); and
- c. Any failure on my part to comply with Park rules or applicable regulations.

5. Waiver of Unknown Claims (California Civil Code § 1542). I expressly waive any rights under California Civil Code § 1542, which states:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

I acknowledge that I understand the significance of this waiver and that I am giving up any potential future claims that I may not presently be aware of.

6. Scope & Binding Effect. This agreement is binding upon me, my heirs, assigns, legal representatives, and any minors for whom I am signing as a parent or legal guardian. If any provision of this agreement is held invalid, the remainder shall remain in full force and effect.

7. Governing Law & Jurisdiction. This agreement shall be governed by and construed under the laws of the State of California. Any disputes arising under this agreement shall be resolved exclusively in the state or federal courts located in San Luis Obispo County, California.

ACKNOWLEDGMENT OF UNDERSTANDING

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND VOLUNTARILY AGREE TO BE BOUND BY THEM. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant Name - Print

Participant Signature

Date

Parent/Legal Guardian Name - Print

Parent/Legal Guardian Signature

Date



Turkey Trot & Jump November 13-16, 2025

USHJA Outreach Competition Entry Form

MAIL 3801 Hughes Parkway, Paso Robles, CA 93446 • ENTRIES office@pasorobleshorsepark.com • ENTRIES CLOSE Oct. 29, 2025

STALLS stalls@pasorobleshorsepark.com • VACCINES health@pasorobleshorsepark.com

Office Use Only

We strongly recommend completing entries at horsespot.net to take advantage of the digital office benefits.

Horse's Name: Office Use Only: ☐ Measurement Card Verified	
Breed: Color: Age: Sex: Height:	
Check Horse / Pony Size: ☐ Small ☐ Medium ☐ Large Microchip #:	

Owner's Name:	Email Address:
Address:	Phone: ()
City: State: Zip:	US Citizen: ☐ Yes ☐ No

Trainer's Name:	Email Address:
Barn / Farm Name:	Phone: ()
Address:	
City: State: Zip:	US Citizen: ☐ Yes ☐ No

Rider 1 Name:	Email Address:	Sections / Classes for Rider 1 _____ _____ _____
Address:	US Citizen: ☐ Yes ☐ No	
City: State: Zip:	USEF Birthdate: ____/____/____	
USHJA Outreach Member Verify:		

Rider 2 Name:	Email Address:	Sections / Classes for Rider 2 _____ _____ _____
Address:	US Citizen: ☐ Yes ☐ No	
City: State: Zip:	USEF Birthdate: ____/____/____	
USHJA Outreach Member Verify:		

Rider 3 Name:	US Citizen: ☐ Yes ☐ No	Sections / Classes for Rider 1 _____ _____ _____
Email Address:	USEF Birthdate: ____/____/____	
USHJA Outreach Member Verify:		

Prize Money Payee:	Email Address:	Office Use Only Entry Postmarked ____/____/____ Amount Received: \$ _____ Check #: _____ CC Transaction #: _____
Address:	SSN or Fed Tax ID #:	
City: State: Zip:		
Emergency Contact (during the show) - Name: Phone: ()		

NOTE: A horse will only fill out ONE entry blank. Horses competing ONLY in Outreach classes will use this entry blank. Horses competing in both Outreach and additional classes must fill out the regular entry form.

Fees Due With This Entry

Outreach Fee: \$3
Office Fee: \$36 per horse CA
Drug Fee: \$14 per horse
Stalls: \$200 x ____ = \$ ____

Stall Discounts: Eligible discounts will be applied at the time of check out. Competitors **MUST** provide proof that horse is 7 years or younger, or that the rider is a member of Pony Club, IEA, or a collegiate equestrian team **PRIOR** to check out to receive discount.

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.

Other Possible Fees Due At The Show

Late Entry Fee \$75
(If entry is received after closing date)
Office Fee \$75



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 **U.S.H.A.M.R.O.C.K.I.N.**, **S.H.O.W.** (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, 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. 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 GR908.4. BY SIGNING BELOW, I AGREE that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as 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.

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (mandatory)

Signature: _____
Print Name: _____

TRAINER (mandatory)

Signature: _____
Print Name: _____

OWNER/AGENT (mandatory)

Signature: _____
Print Name: _____

COACH (if applicable)

Signature: _____
Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaultor/Longeur is a minor)

Print Parent/Guardian Name: _____
Emergency Contact Phone No. _____
Is Rider/Driver/Vaultor a U.S. Citizen: ____ Yes ____ No

ADDITIONAL WAIVER & RELEASE FORMS

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