

SO CAL EQUESTRIAN COUNTY 4

April 2-3, 2010

ONLY ONE OWNER PER FORM, ENTRIES CLOSE – Mar 30, 2010

Owner or Authorizing Agent
Name of Owner _____
Address _____
City/State/Zip _____
Phone () _____
Payee's Social Security # _____
E-mail Address _____
Signature X _____

Make Checks Payable To:
Del Mar Eventing
All fees must accompany entries
Mail Entries To:
 Robert
 Kellerhouse
 46210 Carpet Court
 Temecula, CA 92592
 (951) 303-0405
Fax (951) 303-6055

Trainer
Name of Trainer _____
Address _____
City/State/Zip _____
Phone () _____
E-mail Address _____
Signature X _____

Under penalty of perjury, I agree to indemnify and hold harmless Southern California Equestrian Center, Del Mar Eventing, Robert Kellerhouse, Stephanie Wheeler, all and singular, the directors, officers, members, employees and agents thereof from and against any and all loss, costs, or expenses, or any claim thereof, of whatever nature arising or to arise, for and on account, or by reason of the entry or entries hereby made. I hereby represent and agree that in the event that the entries made are made for and on behalf of an exhibitor under the age of 18 years, that I am one of the age of 18 years; I have full authority and privilege from such other person to make such entry for and on behalf of such other person.

NAME OF HORSE	Age	Sex	Color	Height	NAME OF RIDER	Age	Classes or Divisions	Entry Fee
X Signature of Parent or Guardian of Minor Exhibitor (required)								
X Signature of Rider								

Competition 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, So Cal Equestrian County 2 to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer or as a 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 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 Competition.

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

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) 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 US Equestrian 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 Competition 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 assume all of the obligations of this Release on the child's behalf.

I AGREE that “the Competition” as used above includes Del Mar Eventing, Southern California Equestrian Center their officials, officers, directors, employees, agents, personnel, volunteers, owners, representatives and affiliated organizations.

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

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

Total Entry Fees	
# _____ LATE FEES \$10	
# _____ Stalls/Tack at \$85 per	
# _____ Office Fee (\$15 per horse)	
# _____ Nom. Fees (\$5 per horse)	
# _____ Drug Fees (\$5 per horse)	
# _____ GSDHJC Fees (\$7 per horse)	
# _____ Grounds Fee due if not stabled (\$25 /horse/day)	
# _____ R.V. \$45 per night	
TOTAL AMOUNT DUE	