

SO CAL EQUESTRIAN COUNTY 5

May 16-17, 2009

ONLY ONE OWNER PER FORM
ENTRIES CLOSE – MAY 8, 2009

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:
 Stephanie Wheeler
 2683 Via De La Valle Suite G - 411
 Del Mar, CA 92014
 (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 certify that (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement (IRA), and payments other than interest or dividend. I agree to indemnify and save 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 21 years, that I am one of the age of 21 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
____ Small ____ Medium ____ Large								
X Signature of Parent or Guardian of Minor Exhibitor (required)								
X Signature of Second Rider					X Signature of Rider if Other Than Owner/Trainer			

Federation 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 5 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 Federation and 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 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 at the Competition.
 I have read the 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 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 assume all of the obligations of this Release on the child's behalf.
 I AGREE that "the Federation" and "Competition" as used above includes their Del Mar Eventing, Stillwater Show Management and Southern California Equestrian Center their officials, officers, directors, employees, agents, personnel, volunteers, owners, representatives and affiliated organizations.
 I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation on the official USEF accident/injury report form. *BOD 1/15/05 Effective 12/1/05*
 I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
 BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

OFFICE USE ONLY

Total Entry Fees	
# _____ LATE FEES \$10	
# _____ Stalls at \$85 per stall	
# _____ Tack Rooms at \$85	
# _____ Warm-up Fees (\$15 per horse)	
# _____ Nom. Fees (\$5 per horse)	
# _____ Drug Fees (\$5 per horse)	
# _____ GSDHJC Fees (\$7 per horse)	
# _____ Grounds Fee (\$25 /horse/day)	
# _____ R.V. \$125 per show	
TOTAL AMOUNT DUE	
Stable With _____	