DATE OF SHOW\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| RIDER Name |  Address | Phone number | email |
| --- | --- | --- | --- |

| Trainer/Coach | Member of:\_\_\_SWFDA \_\_\_Alpha \_\_PGHA | Status for Today’s show: \_\_Adult Amateur \_\_ Open\*select one only \_\_\_Vintage (55+) \_\_\_Junior/Young Rider |
| --- | --- | --- |

| HORSE name | Breed/Sex | Age | Color/Height | Date of Coggins (Must include copy) |
| --- | --- | --- | --- | --- |

| Class Number | Class Name | Fee ($30 members, $40 (NonMembers) |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL COSTS  | ------------------------------------------------------------------------- | $ |

| Total class fees (enter from above) |   |
| --- | --- |
| Schooling (Friday) $10 |   |
| Stall Show Day $25ORHaul-in Show Day $20 |  |
| Office Fee $20 | $20 |
| TOTAL FEES | $ |

Notes to Secretary (Volunteering, stabling requests, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*MAKE CHECKS PAYABLE TO SWFDA AND MAIL form, payment & Coggins TO SHOW SECRETARY:*  Barbara Utter 6751 Seminole Ave., Ft. Myers, Fl 33905

\*\*OR PAY via Venmo @swfda with forms emailed (PDF Format only) to butter9726@gmail.com RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING

WARNING: Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of a participant or equine in any activities resulting from the inherent risk of equine activities. The undersigned competitor and any signing parent or guardian hereby agrees to release *Hidden Haven*, *Southwest Florida Dressage Association*, the management of this competition, their officers, directors, employees, members or agents, and the owner or managers of the grounds where this event is held from any loss, damage, liability, or injury arising out of or resulting from this competition or competitors participation or entry therein, including the negligent acts or omissions of the management of this competition, their officers, directors, employees, members or agents, and the owners or managers of the grounds where this event is held. I grant permission to SWFDA and its designees to take and use any photographs or other media of competitor and competitor’s entered horse in any SWFDA publication, production or presentation, including electronic/internet marketing material for the purpose of promoting SWFDA in a positive manner. This consent form will authorise SWFDA to use and print photographs and any other form of media material for educational, informational and promotional purposes. Images may be used, but is not limited to, SWFDA publications and newsletters, newspaper articles, advertising material, web listings, websites, etc.

SWFDA has put preventative measures into place due to the spread of communicable diseases, including COVID-19, however attending this event could increase your risk of contracting coronavirus. By entering the show facilities, you assume all risk and liability of exposure and agree to hold both SWFDA & its members as well as the show facility/owner harmless and not liable for any resulting illness or injury.

Rider’s Signature (parent or guardian if under 21):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Owner’s Signature or agent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ (Adult responsible for entry while on grounds)