

Name and date of the event

By entering this event and signing this entry blank as the Participant 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 California Dressage Society.

I will accept as final the decision of the Executive Board on any question arising under the Rules, and agree to release and hold harmless the competition, CDS, 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. I also agree that as a condition of and in consideration of acceptance of entry, CDS may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or CDS.

This document waives important legal rights. Read it carefully before signing.

I AGREE that I choose to participate voluntarily in the event. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, and serious bodily injury.

I AGREE to expressly assume all risks of Harm, including Harm resulting from the negligence of CDS.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) CDS and the event and to hold them harmless with respect to claims for Harm, and for claims made by others for any Harm caused by me while at the Competition. I have read the CDS Rules about protective equipment, including GR801 and, if applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that CDS 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 participant, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that if I am injured at this event, the medical personnel treating my injuries may provide information on my injury and treatment to CDS on the accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable CDS Rules and all terms and provisions of this entry.

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Participant

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Date

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Parent / Guardian

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Date