

HORSE SHOW "BUCKLES & BANDANAS"

ENTRY FORM

Form May be Photocopied

PLEASE TYPE OR PRINT CLEARLY

AMADOR COUNTY FAIR HORSE SHOW

26th District Agricultural Association
 PO Box 9, Plymouth, CA 95669 209-245-6921

Name of Exhibitor _____ Telephone _____ Date of Birth _____ / ____ / ____

Name of Legal Owner if Different Than Rider _____

Mailing Address _____ City _____ Zip _____ E-mail _____

Please accept these entries subject to the Rules and Regulations published in the Amador Country Fair Exhibitors Guide. I understand that my entries will not be accepted until the Release & Waiver on the reverse have been signed. In the case of team events, I certify that all team members are residents or producers qualified under the Rules & Regulations of the Amador County Fair and understand that each participant must sign a Release & Waiver. I further understand that all entries are subject to the CDFA Equine Medication Monitoring Program.

Date _____ Signature of Owner/Agent _____ Signature of Parent or Guardian (if Exhibitor under 18) _____

PLEASE CHECK ONE

Fair Use Only Entry No.	Class No.	Name(s) of Rider(s) (List riders name only!!!)	Name of Horse(s) (Attach a copy of horse registration information to entry if necessary)	Name of Owner - If Other Than Rider (*Cutters Only - If owner to receive payment you must include address below)	Entry Fees
1					
2					
3					
4					
5					
6					
7					
8					

Fair Use Only _____	MISC. INFORMATION STALL = Sun _____ \$50 refundable cleaning deposit for each stall
Date Paid _____	
Receipt # _____	
Exhibitor # _____	

ENTRY FEES	\$ _____
DRUG FEES (\$14 per horse) x _____ horses	\$ _____
STALL FEES	\$ _____
POST ENTRY FEES	\$ _____
Limit 1 Per Exhibitor PASSES	\$ _____
TOTAL ENTRY FEES	\$ _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (Participant), acknowledge that I have voluntarily applied to participate in the following activities at the 26th District Agricultural Association/Amador County Fairgrounds.

Amador County Fair – Buckles n’ Bandanas Horse Show

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THESE RISKS ARE KNOWN OR UNKNOWN.

**I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____
PARENT OR GUARDIAN’S INITIALS (IF UNDER 18): _____**

As consideration for being permitted by the Amador County Fair, the State of California, California Fair Services Authority, the County of Amador and any lessor of the fair premises to participate in these activities and use their facilities, I forever release the Fair, the State, the County, the Lessor, any fair affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE FAIR AND MYSELF, THE STATE, THE COUNTY, THE LESSOR AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at _____, California on _____, 20_____.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

(Signature)

(Signature)

(Address)

(Address)