

# 2019 Entry Form ODS League Show Dressage Competitions

Complete both sides - Enclose verification of Membership - SIGN all required boxes on page 2

Each person signing is responsible for knowing the Show Rules and of all applicable rules of the organizations recognizing this competition

For Office Only

Name of Competition: \_\_\_\_\_ Date of Competition: \_\_\_\_\_ to \_\_\_\_\_

**Horse Information**

Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_

For Sale  At stud

**Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Check if same as rider

**Class Fees**

Class No.	Level	Test	Division	Fee	Post Entry

**Rider Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Rider Division Open  AA  Jr/YR

Date of Birth if Jr/YR \_\_\_\_\_

Are you a ODS Member? Yes  No

Membership Number \_\_\_\_\_

Please enclose a copy of your membership ID or a printout of relevant page of the ODS Online Membership or Printed Roster with your entry. Scores may not be recorded for year-end awards

**Trainer Information**  
*(adult on grounds responsible for horse)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Check if same as rider

**Stabling Fees**

Horse Stall	
Tack Stall	
Haul In Fee (per day)	
<b>Total Stabling Fees \$</b>	

**Coach Information**  
*(if coaching on grounds, must have signature)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Miscellaneous Fees**

Office Fee	
ODS Participation Fee (\$1.00 per ride) No. of Rides _____	
ODS Education Fund Donation	
Camping Fee	
Other Fee (specify)	
Other Fee (specify)	
<b>Total Miscellaneous Fees \$</b>	

**Stabling Request**

Stall name or group \_\_\_\_\_

Arrival: \_\_\_\_\_ Depart: \_\_\_\_\_

Notes: \_\_\_\_\_

**Total Show Fees \$**

Date	Check No.
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# ***This document affects your rights in event of injury.***

Releasor desires to engage in equine activities sponsored by, or in which Releasor will be using equipment, facilities, and/or premises furnished by, Releasee. Releasor understands there are inherent dangerous risks of serious injury or death in equine activities. As a condition of participation in equine activities, Releasor (individually and for his/her heirs, executors, assigns, invitees, and minor children) waives the right to bring, and releases Releasee and Releasee's administrators, agents, officers, directors, employees, predecessors and successors-in-interest, and any other persons or entities united in interest with Releasee from any and all manner of actions, suits, claims for relief, demands, damages, and any other obligations, known and unknown, suspected and unsuspected, in law or equity, direct or indirect, and whether now or in the future, for any injury or death arising out of or connected in any way with riding, training, driving, boarding, grooming, or riding as a passenger upon an equine. If for any reason any provision of this release is determined to be invalid, the remainder shall continue in full force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual, not a mere recital.

**Releasee: Oregon Dressage Society, Inc. & Show Management**

*By signing below, I ACKNOWLEDGE that I have read and understood this release, and I AGREE to be bound by all applicable ODS Rules.*

<b><u>MANADATORY SIGNATURES</u></b>
<b><u>(sign all three lines even if same person)</u></b>
<b><u>RIDER/DRIVER/HANDLER/VAULTER/LOUNGEUR</u></b>
1. Signature: _____
Print Name: _____
Parent must also sign if Rider is a Minor
<b><u>OWNER/AGENT</u></b>
2. Signature: _____
Print Name: _____
<b><u>TRAINER</u></b> (adult on grounds responsible for horse)
3. Signature: _____
Print Name: _____

<b><u>SIGN IF APPLICABLE</u></b>
<b><u>COACH</u></b>
4. Signature: _____
Print Name: _____
<b><u>PARENT/GUARDIAN</u></b> (required if rider is a minor)
5. Signature: _____
Print Name: _____

<b><u>Yes I would like to Volunteer</u></b>
Name: _____
Phone or email only if different from Rider _____
Preferred jobs: _____
_____
(we will make sure your volunteer time does not interfere with your warm up, ride times or sign up at the show)

<b><u>EMERGENCY CONTACT INFORMATION</u></b>
<b><u>(who to contact in a emergency — this is mandatory )</u></b>
<b><u>RIDER EMERGENCY</u></b>
Name: _____
Phone No.: _____
<b><u>HORSE EMERGENCY</u></b>
(person responsible for horse on grounds)
Name: _____
Phone No.: _____

<b><u>TEAM SHOWS</u></b>
Team Name: _____
Team Member: _____
Team Member: _____
Team Member: _____
Team Member: _____