

2017 Entry Form ODS League Show Dressage Competitions

For Office Only

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

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

Total Class Fees \$

Stabling Fees

Horse Stall	
Tack Stall	
Haul In Fee (per day)	

Total Stabling Fees \$

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)	

Total Miscellaneous Fees \$

Stabling Request

Stall name or group _____

Arrival: _____ Depart: _____

Notes: _____

Total Show Fees \$

Date _____ Check No. _____

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.

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

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

<u>Yes I would like to Volunteer</u>
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)

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

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