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 — Updated 03/16/2026

Name of Competition: CCODS League Show @ Tulelake — Date of Competition: July 25, 2026 (**One form per day**)

Horse Information

Name _____

Breed _____

Sex _____ Height _____ Age _____

Color _____

For Sale ☐ At stud ☐

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 ☐

ODS Member Number _____

(If not a member, please add $25 fee per weekend.)

Stabling Request

Stall Name or Group: _____

Arrival: _____ Depart _____

Notes: _____

Owner Information

Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Email _____

Check if same as rider ☐

Trainer Information

(adult on grounds responsible for horse)

Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Email _____

Check if same as rider ☐

Coach Information

(if coaching on grounds, must have signature)

Name _____

Address _____

City _____

State _____ Zip _____

Phone Number _____

Email _____

Class Fees ($30 youth, $40 AA/Open)

Class No.	Level	Test	Division	Fee	Post Entry

Total Class Fees $

Stabling Fees

Horse Stall $40 per night	
Tack Stall $40 per night	

Total Stabling Fees $

Miscellaneous Fees

Non-ODS-Member fee $25 per day	
ODS Participation Fee ($1.00 per ride) No. of Rides _____	
ODS Education Fund Donation	
CA Drug Fee ($14 per horse, per day)	
Camping w/Hook ups $40/night	
Dry Camping $30/night	
Post Entry Fee $10	

Total Miscellaneous Fees $

Total Show Fees $

Date — Check No.

Mail Completed Entry with a check made to CCODS to: *CCODS, c/o Maria Meister, 779 Miller Island Road, Klamath Falls OR 97603*

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 understand 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 Releaesee 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, director 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 if 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, and Show Management

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

MANADTORY SIGNATURES

(sign all three lines even if same person)

RIDER/DRIVER/HANDLER/VAULTER/LOUNGEUR

1. Signature: _____

Print Name: _____

Parent must also sign if Rider is a Minor

OWNER/AGENT

2. Signature: _____

Print Name: _____

TRAINER (adult on grounds responsible for horse)

3. Signature: _____

Print Name: _____

SIGN IF APPLICABLE

COACH

4. Signature: _____

Print Name: _____

PARENT/GUARDIAN (required if rider is a minor)

5. Signature: _____

Print Name: _____

Yes I would like to Volunteer

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)

EMERGENCY CONTACT INFORMATION

(who to contact in a emergency — this is mandatory)

RIDER EMERGENCY

Name: _____

Phone No.: _____

HORSE EMERGENCY

(person on grounds responsible for horse)

Name: _____

Phone No.: _____

TEAM SHOWS

TEAM NAME _____

Team Member: _____

Team Member: _____

Team Member: _____

Team Member: _____

Entry Must be **postmarked** no later than July 10, 2026
If given to me in person, must be received no later than July 18, 2026.
Entries will not be accepted without payment.
Late entries may be accepted with a Post Entry fee.

Updated 06/30/2026