8/8/26

Clay Station Horse Park Fall Classic CDE & CT

In this document, you will find all the required forms that must be sent with your entry.

ADS entry form

ADS liability waiver

Clay Station liability waiver.

Your groom/gator must also sign both liability waivers. If your groom/gator is not available to co-sign your waiver, please send both waivers to him/her to print, sign and return via mail or email. Please do this in advance, it will make checking in at the show much simpler. Please put the driver's name on the groom/gator waivers.

Scheduling Request Form

Fee summary form

Announcer form

Vaccination Record form (Use this, or equivalent, to provide proof of Flu and Rhino vaccination within 6 months of the show. See ADS rule book Article 6.3 for what constitutes proof of vaccination.)

Negative Coggins test certificate and **health certificate** required for out of state horses only.

(It is understood that health paperwork may not be available at the time the entry form is sent in. Health forms may be emailed later, but must be received before you arrive on the show grounds. Scan and email is fine.)

$150 stall cleaning deposit required for stalls and paddocks.

Pony measurement card.

Golf Carts: Reserve with your entry. Cost: $365

Dogs must be on leash at all times, and in camping area only. Fines apply.

Make check payable to **Debbi Packard**

Mail entry to:

Kasey Ashley
2791 McBride Ln #125
Santa Rosa, CA 95403

If emailing docs: Kashley915@comcast.net. Questions: 707-326-1758 call or text

Please double-check that you have included all items listed above!!

ADS COMBINED DRIVING EVENT ENTRY FORM AND DISCLAIMER

Competition Name		**Comp. Date**	This form is for ADS-recognized competitions only. Both pages must be filled completely (insert N/A where not applicable) and sent to the competition for entry. Form may be filled and saved on your computer (Adobe Reader 8.0 or newer), or printed and handwritten. Form is also available at *americandrivingsociety.org*
Competition(s) entered	Division	Class (e.g., Single Horse)	
☐ CDE			Approx. arrival time: / Please stable near:
☐ Driving Trial			Special considerations:
☐ Combined Test			
List competitions that qualify you for the division you are entering:			

Driver's Name:		*ADS#	Jr. D.O.B.	**Owner's Name :**	
Address:				Phone(s)	Email
City/State/Zip:				**Navigator's Name :**	
Phone(s):	Email:			Phone(s)	Email

Name of Horse/Pony/VSE	Birth year	Height (cm)	Sex	Color	Breed

Wheel Width	*Article: 918.1.5 The Track Width of all Vehicles is measured at ground level on the widest part of the rear wheels*
Competition A & C (dressage & cones)	cm
Competition B (marathon/obstacles)	cm

*At all ADS-recognized events, the driver is required to be an ADS member or pay a non-member fee. Please include your ADS number. You may be required to present your current membership card to the secretary.

Please attach copies of:

- ☐ ADS membership card
- ☐ Coggins for each animal (if required by state law)
- ☐ Proof of Flu/Rhino vaccine for each equine
- ☐ Measurement Cards for each equine
- ☐ ADS or USEF/FEI Dispensation (if applicable)
- ☐ Signed ADS Disclaimer Form

Entry Fee	
Entry Fee for additional competition	
Stabling Fee	
Rental Fees	
Competitor Party	
Camping Fees	
*Driver Non-ADS Member Fee $30	
Event Sponsorship:	
Other Fees:	
TOTAL:	
Separate Checks (if requested)	
Stall Deposit:	
Other:	

Use fee summary page

The American Driving Society, Inc.

DRIVER & NAVIGATOR ADS DISCLAIMER and HOLD HARMLESS AGREEMENT

This form must be signed by every event participant or if a minor, their consenting parent, including each person who rides with a driver on a carriage not only during the actual event but including any time from arrival at the event to departure. I understand and agree that neither The American Driving Society, Inc. ("ADS") and its officers, directors, the driving event ("Event"), judges, officials, workers, volunteers or organizing committee, nor the property owners accept or shall have any responsibility of any nature whatsoever for accidents, damage, injury or illness to the horses, owners, riders, drivers, grooms, passengers, attendants, spectators or any other person or property in connection with this Event.

I hereby expressly agree without any limitation or condition for myself and my principals, representatives, employees, agents and assigns: (1) to be bound by the rules and bylaws of the ADS and any local rules of this Event; (2) that every horse, driver, attendant, groom and/or passenger is eligible as entered; and (3) to accept as final any decision of the Event officials on any question arising under the ADS rules and bylaws or any local rules of this Event. I also agree, without any limitation or condition, to hold the ADS, its officers, directors, employees and agents, and Event judges, officials and organizing committee, harmless from any and all liability, loss, claims or actions, causes of action, judgments or demands of any nature whatsoever. I am fully aware and appreciate that equine sports, including driving in this particular Event involve inherent dangerous risk of serious injury or death. By participating I do so voluntarily and expressly assume any and all risks of injury to me or loss of my horse(s) or equipment. I agree to release and voluntarily waive the right to sue the ADS, its officers, directors, employees, and agents, stewards, Event judges, personnel, volunteers, officials, and organizing committee, including their agents and employees from and against all claims for damages, including money damages, for any action taken or otherwise any harm caused by me or my horse to others, including whether arising from directly or indirectly from the negligence of the ADS or the Event.

I agree to indemnify and hold harmless the ADS its officers, directors, employees, clinicians, members, volunteers, coaches, representatives, assigns, Event judges, officials and organizing committee, their agents and employees from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this Event.

I also agree that as a condition of and in consideration of acceptance of entry, the ADS and/or this Event may use or assign photographs, videos, audios, cablecasts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of this Event for the promotion, coverage or benefit of the Event, sport, or the ADS. BY SIGNING BELOW, I AGREE to be bound by all applicable ADS rules and all the terms and conditions of this AGREEMENT.

ALL PEOPLE LISTED BELOW MUST INCLUDE THE NAME AND PHONE NUMBER OF THEIR EMERGENCY CONTACT.

Name and Date of Event: _____ **DRIVER Name:** _____

DRIVER Signature: _____ **Date:** _____
(Parent/Guardian must sign if under 18)
Emergency Contact Name & Phone: _____

Groom/Navigator/Passenger/Attendant names, signatures & emergency contact name and phone numbers:

#1 Name: _____ **Signature:** _____ **Date:** _____

Emergency Contact Name & Phone: _____

#2 Name: _____ **Signature:** _____ **Date:** _____

Emergency Contact Name & Phone: _____

#3 Name: _____ **Signature:** _____ **Date:** _____

Emergency Contact Name & Phone: _____

#4 Name: _____ **Signature:** _____ **Date:** _____

Emergency Contact Name & Phone: _____

☐ **I have an ADS, FEI, or USEF Dispensation Certificate. (Attach a copy)**

CLAY STATION

HORSEPARK

Removal of bridle while horse is in shafts will result in you not being allowed to drive.

Disclaimer

To be signed by every person on the show grounds, including judges, officials, volunteers, spectators competitors or participants. Each person who rides with a driver on a carriage not only during the actual clinic/show/lessons but including any time from arrival at the clinic/show/lessons to departure. In addition, anytime you are riding your horse or driving your horse, or leading your horse.

I understand that neither the Clay Station Horse Park or Starkey Family Trust and its officers, officials or organizing committee nor the property owners accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, drivers, grooms, passengers, attendants, spectators or any other persons or property in connection with this clinic/show/lessons. I hereby expressly agree for myself and my principals, representatives, employees and agents: 1) to be bound by the rules of the Clay Station Horse Park and local rules of this clinic/show/lessons; 2) that every horse, driver, attendant, groom and/or passenger and spectator is eligible as entered; and 3) and to accept as final any decision of the clinic/show officials on any question arising under the clinic/show rules and any local rules of the clinic/show and agree to hold Clay Station Horse Park and Starkey Family Trust harmless for any action taken. I am fully aware that horse sports, including driving, riding or just handling a horse and this facility or show involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to indemnify and hold the Clay Station Horse Park and Starkey Family Trust harmless from and against all claims including any injury or loss suffered during or in conjunction with the clinic/show or facility whether or not such claim, injury or loss resulted, either directly or indirectly, from the negligent acts or omissions of the Clay Station Horse Park or Starkey Family Trust.

1. The horse may behave in ways that may result in injury, death or loss to persons on or around the equine.
2. The equine is unpredictable and may react to sound, sudden movement, unfamiliar objects, persons or other animals.
3. The equine may cause injury because of the surface and subsurface conditions on which the equine is being worked.
4. Any equine may cause injury by colliding with another equine, people or objects.

_____

Driver's signature

(Parent or Guardian if under 21 years)

Groom/Navigator/Passenger/Attendant Signature: _____

Print name:_____

Groom/Navigator/Passenger/Attendant Signature: _____

Print name: _____

Groom/Navigator/Passenger/Attendant Signature: _____

Print name: _____

Groom/Navigator/Passenger/Attendant Signature: _____

Print name: _____

Fee Summary Form for CDE and/or CT

CDE Entry Fee $300 for Training & Prelim
or $350 for Int & A/I-Hybrid _____

CT Entry Fee $225 for Training & Prelim
or $275 for Int & A/I-Hybrid _____

or if entering both (same turnout):

$400 total for Training & Prelim _____

or $500 total for Int & A/I-Hybrid _____

Post-Entry Fee – additional $100 _____

Stabling $105 paddock _____
or $195 metal stall _____
or $145 mini barn _____
or $140 12x24 paddock _____
or $210 stall with paddock _____
(No shavings included)

ADS fee - $5 (ADS members only)
or $30 non-member fee _____

Camping - (no hook-up) $50 _____

Shavings - $12 ea x _____ _____

CA drug fee - $14 per horse _____

Golf cart $365 _____

Friday lunch $18 ea x _____ _____

Saturday lunch $18 ea x _____ _____

Sunday box lunch $18 ea x _____ _____

Buy a volunteer's lunch (optional, $10 each) _____

Sponsorship (optional; anything helps!) _____

Total fees _____

Stable with _____

Sharing: Include Sharing Request Form

Remember to include separate stall deposit check, $150

Note that Saturday dinner is complementary! Ice cream social Sunday after cones.

ENTRY NUMBER

CSHP Fall Classic CDE

ANNOUNCER FORM

(please print very clearly and use big letters!)

Name of Competitor: _____

City: _____

Owner (if different): _____

Division/Class: _____

Make and Model or Type of Carriage:

Dressage & Cones: _____

Marathon: _____

How long have you participated in CDEs? _____

What got you started competing in CDEs? _____

_____

NAME OF EQUINE(S)	HEIGHT	BREED	AGE	COLOR	GENDER

Any special stories about your equine(s)? _____

_____

_____

Name of Groom/Navigator: _____

City: _____

Any special stories about your groom/navigator? _____

_____

_____

Anything else? _____

_____

_____

The American Driving Society, Inc.

VACCINATION RECORD

Owner Name: _____

Horse Name: _____

This form may be used to for documenting Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccinations per Article 6.3

Date	Place and Country	Vaccine			Name, Signature, and/or Stamp of Veterinarian
		Name	Batch	Route Mode	

:

Special Scheduling Request for CDE, DT, & CT

Please fill out a separate form for each event – CDE, DT, or CT

Entry # (office use)

Name of Driver submitting this request _____

Cell phone number _____

Email _____

CDE, DT, or CT class(s) entered as driver _____

_____

_____

What is your situation?

☐ I would like to drive twice around with the above listed entries.

☐ I would like to share a groom with (list name and class).

_____

_____

☐ I would like to share a carriage with (list name and class).

_____

_____

☐ I would like to groom for another turnout (list the driver's name and class of other turnout).

_____

_____

☐ Other scheduling issue, explain.

_____

_____

_____

_____

_____