

ONLY ONE (1) OWNER PER FORM

DO NOT MAIL AFTER MAY 28, 2010

Woodside Gaited Horse Show

COMPLETE BOTH SIDES OF THIS FORM

June 5 - 6, 2010

**The Horse Park at Woodside
3674 Sand Hill Road
Menlo Park, CA**

OWNER		
Print Name of Legal Owner		
Owner Ranch Name (Optional)		
Street or P.O. Box of Owner or Agent		
City	State	Zip
Phone No. of Owner		
PFHA NO:	CPFHA NO:	TWH NO:

TRAINER		
Print Trainer's Name		
Trainer Ranch Name (Optional)		
Street or P.O. Box of Trainer		
City	State	Zip
Phone No. of Trainer		
PFHA NO:	CPFHA NO:	TWH NO:

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	HORSE DESCRIPTION	HORSE REGISTRATION NUMBER	RIDER, DRIVER OR HANDLER	
			Sex:		NAME:	PFHA:
			DOB:		ADDRESS:	TWH:
			Sex:		NAME:	PFHA:
			DOB:		ADDRESS:	TWH:
			Sex:		NAME:	PFHA:
			DOB:		ADDRESS:	TWH:
			Sex:		NAME:	PFHA:
			DOB:		ADDRESS:	TWH:

PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS SHOWING PROOF OF OWNERSHIP AND COPIES OF CURRENT PFHA, CPFHA AND TWH MEMBERSHIP CARDS WITH THIS ENTRY FORM.

OFFICE USE ONLY
AMT PAID _____ FOR #S _____
CHECK # _____ RECEIPT _____
_____ REGISTRATION PAPERS
_____ OPEN CHECK
Entry must be paid in full prior to entering classes or an open check must be left at Show Office.

**MAKE ALL CHECKS PAYABLE TO:
Mounted Patrol Foundation**

**NO ENTRIES ACCEPTED UNLESS
ACCOMPANIED BY PAYMENT IN FULL**

**FOR MORE INFORMATION CALL:
ROXANNE HOOD (831) 637-8510**

MAIL ENTRIES TO:

**WOODSIDE GAITED HORSE SHOW
ROXANNE HOOD
280 MANSFIELD ROAD
HOLLISTER, CA 95023**

ENTRY FEES - \$25 PER REGULAR / CHAMPIONSHIP CLASS \$ _____

OFFICE FEE (PER HORSE) (____) x \$ 10 \$ _____

HORSE STALLS, INCLUDES 4 BAGS SHAVINGS FOR BEDDING .. (____) x \$ 85 \$ _____

TACK ROOM (____) x \$ 60 \$ _____

CA DRUG FEE (PER HORSE (____) x \$ 5 \$ _____

DQP FEE @ \$6 per day per horse (TWH, SSH only) (____) x \$ 6 \$ _____

PFHA FEE (PER HORSE) (____) x \$ 2 \$ _____

TWH AMATEUR CARD FEE (____) x \$ 15 \$ _____

PFHA AFFIDAVIT FEE (IF REQUIRED) (____) x \$ 10 \$ _____

SPONSORSHIP (REGULAR CLASS-\$50 / CHAMPIONSHIP CLASS-\$100) \$ _____

RV SPACE (\$25/NIGHT) _____ # NIGHTS..... \$ _____

TOTAL ENCLOSED..... \$ _____

STABLE WITH _____

Woodside Gaited Horse Show Entry Agreement

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employees and agents shall be subject to the rules of the Woodside Gaited Horse Show and The Horse Park at Woodside, and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the above, its officers, directors, and employees harmless for any action taken.

Assumption of Risk, Waiver, and Indemnification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition, the Woodside Gaited Horse Show, to the following:

- I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).
- I AGREE to release the Competition, Woodside Gaited Horse Show, Mounted Patrol of San Mateo County Foundation, and The Horse Park at Woodside, from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition.
- I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition, Woodside Gaited Horse Show, The Horse Park at Woodside, and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I understand that I am entitled to wear protective equipment without penalty and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.
- If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to assume all of the obligations of this Release on the child’s behalf.
- I AGREE that the Woodside Gaited Horse Show, Mounted Patrol of San Mateo County Foundation, and The Horse Park at Woodside, as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
- I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Competition.
- I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I FURTHER AGREE TO BE BOUND BY ALL APPLICABLE COMPETITION RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY BLANK

OWNER/AGENT (MANDATORY)

Adult Signature: _____

Print Name: _____

TRAINER (MANDATORY)

Signature: _____

Print Name: _____

RIDER/DRIVER/HANDLER #1 (MANDATORY)

Print Name: _____ Birth date – if Jr.: _____

Rider #1 Signature (Adult/Guardian, if minor): _____

Print Name – if Adult/Guardian: _____

Rider # 1 Phone Number: _____

RIDER/DRIVER/HANDLER #2 (MANDATORY)

Print Name: _____ Birth date – if Jr.: _____

Rider #2 Signature (Adult/Guardian, if minor): _____

Print Name – if Adult/Guardian: _____

Rider #2 Phone Number: _____