

2016	Official Use Only		Bridle #
Competition Name:		IaDCTA SPRING WARM UP	
Name of Horse		Breed	Sex
Owner		AA/JrYr/Open	
Class #	Division	Class Description	Fee
Rider/Handler:	Subtotal Class Fees		
Address:	Weekend Stabling # _____ Stall(s) @ \$60/Stall (includes 2 bags of shavings)		
	Day Stabling # _____ Stall(s) @ \$50/Stall (includes 1 bag of shavings)		
City/State/Zip:	Tack Stall # _____ Stall(s) @ \$45/Stall		
	Bedding # _____ Bag(s) @ \$8/Bag		
	Office Fee -- \$10		
Cell Phone:	Late Entry Fee -- \$15		
Email Address:	Non-Member Fee --\$15/Rider		
Jr/Young Rider Birthday:			
	TOTAL FEES		
Stabling Information & Special Requests: Please list only ONE name (individual or barn) to stable with			
Group/Self:	Friday	Saturday	Sunday
Stalls:			
Tack Stalls:			
Stable Group:	Contact:		

CHECK HERE IF YOU WOULD LIKE TO VOLUNTEER AT THIS EVENT: \_\_\_\_\_

# Iowa Dressage and Combined Training Association

## Release Form

I **hereby** agree to release, indemnify and hold harmless IaDCTA, IaAHA, NDA, EIDEA, Ellsworth Equestrian Center at Ellsworth Community College, its instructors, officers, directors, agents, the facility owners, show management and all volunteers associated with this event from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition or related activities. I also hereby agree to release, indemnify and hold harmless the competition licensee, show management, show committee and members, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this competition or related activities.

I **AGREE** in consideration for my participation in this Competition to the following:

I **AGREE** that “the Competition” and “Organizations” as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates.

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 hold harmless and release the Organization and Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results resulted, directly or indirectly, from the negligence of the Organization or Competition.

I **AGREE** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Organization or Competition.

I **AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred) the Organization and Competition and for any harm to me or my horse while at the Competition. I have read the rules of the Organization or recommendations by the Organization and Competition about protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Organization 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 all of the above provisions and AGREE to assume all of the obligations of this Release on the child’s behalf. I represent that I have the requisite training, coaching and abilities to safely compete in the Competition.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable Federation Rules and all terms and provision of this entry blank.

Rider’s Signature	Parent’s Signature ( if rider is under 18 yrs. old)	Date
Owner’s Signature	Date	
Emergency Contact Information	Phone	
Name of Contact & Relationship:		