



SKIP AHEAD DRESSAGE

SCHOOLING SHOW ENTRY

** ONE HORSE AND RIDER COMBINATION PER ENTRY **

** Entries must be legible and complete with Signature, Coggins, and Payment **

Show Date: _____

Rider: _____ Birthdate: _____

Address: _____ City: _____ State/Zip: _____

Email: _____ Phone: _____

Division (Circle Any That Apply):

Open

Starter Rider

Starter Horse

JR/YR (under 21)

Name of Horse: _____

Breed: _____ Age: _____ Color: _____ Height: _____ Gender: _____

Owner's Name: _____ Phone: _____

Address: _____ Email: _____

Trainer's Name: _____

Class Name/Number, Test, and Division (from above)

Fees

Class Fees : _____ (\$25 per class)

Office Fee: \$10.00

Late Fee: \$15 (if received after closing date)

Total Enclosed: _____

HOLD HARMLESS CLAUSE: Understanding that horse sports may be hazardous and dangerous, even leading to permanent injury or death; each owner, rider, spectator and other participant assumes any and all risk of loss or injury, and agrees to hold harmless, regardless of negligent acts or omissions, Skip Ahead Dressage, the Ivins Family, the State of New Jersey, the show management, the show committee and all horse show personnel.

I HEREBY ENCLOSE MY ENTRY WHICH IS MADE AT MY OWN RISK AND SUBJECT TO CONDITIONS AND REGULATIONS OF ESDCTA, ECRDA AND SKIP AHEAD DRESSAGE. I UNDERSTAND THAT THE ORGANIZING COMMITTEE, THE HOST AND THE PROPERTY OWNERS ARE NOT RESPONSIBLE FOR ANY ACCIDENTS, DAMAGE, LOSS, INJURY OR ILLNESS TO THE HORSES, EQUIPMENT, OWNERS, RIDERS, EMPLOYEES, ATTENDANTS, SPECTATORS, VOLUNTEERS, OR ANY OTHER PERSONS OR PROPERTY, IN CONNECTION WITH THIS ACTIVITY.

Rider's Signature: _____ Date: _____

Parent's Signature (if under the age of 18): _____

Owner's Signature: _____ Date: _____