

ONLY ONE (1) OWNER PER FORM

OWNER		
Print Name of Legal Owner		
Signature of Owner or Agent		
Street or P.O. Box of Owner or Agent		
City	State	Zip
Phone No. of Owner		

ENTRIES CLOSE JUNE 1, 2008

TRAINER		
Print Trainer's Name		
Trainer's Signature (If no Trainer, Owner Must Sign – Mandatory)		
Street or P.O. Box of Trainer		
City	State	Zip
Phone No. of Trainer		

**Charity Fair
Horse Show**
**OPEN, OPPORTUNITY,
MISCELLANEOUS &
ACADEMY DIVISION**
COMPLETE BOTH SIDES OF THIS FORM

JUNE 17 – 20, 2008

**Del Mar Fairgrounds
Del Mar, California**

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	DESCRIPTION		BREED REG NO. IF APPLICABLE	RIDER, DRIVER OR HANDLER	
			Sex:	DOB:		NAME:	ADDRESS:
			Color:	Height:			
			Sex:	DOB:			
			Color:	Height:			
			Sex:	DOB:			
			Color:	Height:			
			Sex:	DOB:			
			Color:	Height:			

IF IN POSSESSION, PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS SHOWING PROOF OF OWNERSHIP WITH THIS ENTRY FORM.

OFFICE USE ONLY	
AMT PAID _____	FOR #S _____
CHECK # _____	RECEIPT _____
_____ REGISTRATION PAPERS (IF APPLICABLE)	
_____ OPEN CHECK	

**MAKE ALL CHECKS PAYABLE TO:
CHARITY FAIR HORSE SHOW**

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

**FOR MORE INFORMATION CALL:
HARRIET LANDRUM (805) 968-9304**

MAIL ENTRIES TO:

**CHARITY FAIR HORSE SHOW
HARRIET LANDRUM
P.O. BOX 8418
GOLETA, CA 93118-8418**

ENTRY FEES.....	_____	\$ _____
POST ENTRY FEE (PER HORSE – SEE RULE 12).....	(____) x \$ 25	\$ _____
OFFICE FEES (PER OWNER).....	x \$ 30	\$ _____
CREDENTIALS at \$15.00 per person.....	(____) x \$ 15	\$ _____
DIRT STALLS, NO FIRST BEDDING	(____) x \$ 100	\$ _____
TACK ROOM (WITH CEMENT FLOOR)	(____) x \$ 100	\$ _____
EARLY ARRIVALS (PER DAY, PER STALL).....	(____) x \$ 25	\$ _____
GROUNDS FEE per horse, per day horses not requiring stalls.....	(____) x \$ 30	\$ _____
CA DRUG FEE (PER HORSE).....	(____) x \$ 5	\$ _____
USEF FEE (PER HORSE)	N/A	\$ _____
USEF NON-MEMBER FEE Junior Exhibitor (PER PERSON)	N/A	\$ _____
USEF NON-MEMBER FEE (PER PERSON).....	N/A	\$ _____
MORGAN REGION VII Horse Fee, Per Horse	N/A	\$ _____
ASHA NON-MEMBER FEE Per Saddlebred Owner & Trainer	N/A	\$ _____
SEASON BOX (8 SEATS)	(____) x \$ 250	\$ _____
CLASS SPONSOR: Class # _____, _____, _____	_____	\$ _____
TOTAL ENCLOSED	_____	\$ _____

STABLE WITH _____

Charity Fair 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 Charity Fair Horse Show and the Del Mar Fairgrounds, 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.

AGREE in consideration for my participation in this Competition, Charity Fair 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, Charity Fair Horse Show at the San Diego County Fair, 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, Charity Fair Horse Show, Del Mar Fairgrounds, 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 Charity Fair Horse Show and the Del Mar Fairgrounds, 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 on the official USEF accident/injury report form.
- ?? 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: _____

RIDER/DRIVER/HANDLER #1 (MANDATORY)

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

Rider #1 Address: _____

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

Print Name – if Adult/Guardian: _____

TRAINER (MANDATORY)

Signature: _____

Print Name: _____

RIDER/DRIVER/HANDLER #2 (MANDATORY)

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

Rider #2 Address: _____

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

Print Name – if Adult/Guardian: _____