

Twin Rivers Combined Test & Jumper Schooling Show

Sunday – January 14, 2018

Entry Form

Pre-entries Close: January 2, \$20 post/late entry fee

Rider Name: _____ Horse: _____

Address: _____

Phone #: _____ Email: _____

Owner: _____ Trainer/Group: _____

Please circle the classes you wish to enter:

1 **2** **3** **4** **5** **6** **7** **8** **9** **10**
WT CT Intro CT BN CT N CT T CT P CT I CT A CT D Test J round

Class 9 Tests of Choice: _____ ; _____ ; _____

Class 10 Jumping Rounds: Level _____ ; _____ ; _____

Combined Test Classes 1-8: \$80 x _____ = \$ _____

2nd CT same horse/rider 1-8: \$50 x _____ = \$ _____

Dressage Class 9: \$30 x _____ = \$ _____

Jumping Classes 10: \$20 x _____ = \$ _____

(Your 1st dress/jump round are automatically a CT price, then pay per round after that)

Post / Late entry fee: (If post marked after 1/02/18) \$20 x _____ = \$ _____

Non TRR Member Fee: \$15 x _____ = \$ _____

CA Drug Fee (mandatory): \$5 x _____ = \$ _____

Stabling: With: _____ W Th F Sa Su M T \$100 flat fee = \$ _____

(Limited, first come first served basis with paid entry)

Shavings: \$11 x _____ = \$ _____

XC Schooling. Discount for horses entered in show \$60/\$50x _____ = \$ _____

Total Fees Due: \$ _____

Please Make Checks Payable to: Twin Rivers Ranch

Mail To: PO BOX 988, Templeton, CA 93465

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Twin Rivers Ranch Release Form

1. The undersigned Owner/Rider/Student/Parent or Guardian shall abide by all rules and regulations of Twin Rivers Ranch. If I have not seen the rules and regulations it is my responsibility to find them.
_____ Initial here
2. The undersigned Owner/Rider/Student/Parent or Guardian shall assume all responsibility and risk arising out of engaging in or participating in equestrian activities at Twin Rivers Ranch. The undersigned Owner/Rider/Student/Parent or Guardian shall hold Twin Rivers Ranch, Whirlwind Excavating, Jeff and Connie Baxter, their agents and employees or any family members harmless from all damages or liability for and injury to person, injury to horse, damage to personal property or for wrongful injury or death caused by negligence. _____ Initial here
3. The undersigned Owner/Rider/Student/Parent or Guardian does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Jeff Baxter, Connie Baxter their agents and employees or any family member for any of said causes of action, whether the same shall arise by the negligence of any person or otherwise. (This means you will not sue us or any employee, agent or family member for any reason at any time even if we are negligent.) _____ Initial here.
4. The undersigned will by signing this document promise to indemnify Jeff and Connie Baxter for any and all damages, verdicts, judgments, expenses, costs and attorney fees which they may incur in defending themselves against such claims. The undersigned will by signing this document promise to indemnify Jeff and Connie Baxter for any and all damages, verdicts, judgments, expenses, costs and attorney fees that they may incur in defending themselves against such claims even if Jeff and Connie Baxter are found guilty or negligent. _____ Initial here.
5. The undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in equestrian activities and is fully aware of the legal consequences of signing the within instrument.
6. EMAILED ENTRIES: accepted but fully responsible for full payment in the event of a scratch or no show _____ Initial here.

Rider Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
(If Rider is under 18 years of age)

Owner Signature: _____ Date: _____

Trainer Signature: _____ Date: _____