

Twin Rivers ONE DAY HORSE TRIALS, Combined Test & Schooling Rounds

Entry Form: May 18, 2025; Pre-entries Close: May 6, 2025

Entry Form: June 8, 2025; Pre-entries Close: May 27, 2025

Rider Name: _____ Horse: _____

Address: _____

Phone #: _____ Email: _____

Owner: _____ Home Trainer/Stable with: _____

Show Entry: **Sunday, May 18** **Sunday, June 8**

(Please indicate level or dressage test in level section.)

Class	Level T, N, BN, Starter, Ameba	Price	Quantity	Total
One Day HT Ameba-Training		\$150		
2 nd HT One Day		\$125		
Combined Test (CT) Poles-Advanced		\$100		
2 nd CT		\$75		
Dressage Test of Choice		\$50		
Extra Show Jumping Round		\$50		
TRR non-member fee		\$25		
CA Drug Fee		\$14	1	\$14
Stabling (Fri-Sun.)	Stable With:	\$50/night		
Tack Stall (Fri.-Sun)		\$50/night		
Shavings		\$15		
RV Hookup – Power/Water	Days:	\$80		
Saturday Facility Use Fee		\$75		
Friday & Saturday Facility Use Fee		\$120		
Late/Post Entry Fee (post marked after 5/7)		\$30		
Venmo Service Fee		\$10		
Total				

Please Make Checks Payable to: Twin Rivers or Venmo accepted but checks preferred @twinriversranch

Mail To: Andrea Baxter, 8715 North River Road, Paso Robles, CA 93446; Email To: mir21_4@yahoo.com
www.TwinRiversHorsePark.com

Entry Form: May 18, 2025; Pre-entries Close: May 6, 2025

Entry Form: June 8, 2025; Pre-entries Close: May 27, 2025, Post entries only as space available

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. Covid 19: I understand that a human virus is in this community and I am participating with all risk on myself. _____ initial here
7. Covid 19: I will take my own temperature each day and not come on any public grounds if my temp is over 99.5. I agree to show proof of my health and temp each day if requested. _____ initial here

Rider Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

(If Rider is under 18 years of age)

Trainer Signature: _____ Date: _____