2025 Dressage at Pacific Equestrian Center

Entry Form for PEC Dressage Schooling Show Series Mail entries to: PEC Schooling Entry, 10992 Wilton Road, Wilton, CA 95693 Show Manager: Mari Naten, 916-798-5844 Secretary: Mari Naten, 916-798-5844 Email: pecdressageshows@gmail.com



Date of Show: (closing date Tuesday 8pm prior)

Horse Informat	ion		Rider Information	
Name		Name		
Breed		Address		
Sex		City		
Color		State, Zip		
		Cell		
Owner Information		Email		
		Status (circle one	Adult Amateur/Jr/Open/Western/Eventer	
Name				
Address			Trainer Information	
City		Name		
State, Zip		Address		
Cell		City		
Email		State, Zip		
		Cell		
		Email		
Entries			Stabling	
Class Test #	Fees \$	Stall Fee	\$ x (days) =	
		Arrival	Date: Time:	
		Departure	Date: Time:	
		Emergency	Name:	
			Number:	
Subtotal Class Fees:				
CDFA Drug Fee \$14		Entries with Credit Cards - Please visit www.foxvillage.com		
Office Fee \$25				
Stable Fee: (\$35 day/ Temp stall)				
(\$50 day/ perm stall)		All entries mu	All entries must be received by the Tuesday prior to the	
Late Fee (\$10 per class)		show. Closing Time for paper entries is 8pm.		
Incomplete Entry/ No Payment				
received with entry (\$15)		All entries m	ust include payment (Check or Venmo	
Western-WDAA Hi Pt recording fee (\$3)			accepted). Entries received without payment will be	
Total			5 incomplete entry fee.	
	I	(NO ENTRIE	ES BY EMAIL, TEXT OR FAX).	
Note:			When an entry is sent without payment, the entrant will be liable to pay all class, office, stable and other fees. Withdrawing will not excuse payment of all fees.	
		foos Withdra		
All entries must include a current			tring will not excuse payment of all lets.	
(Flu/Rhino less than 6 m	onths old)			
(rev. 2/6/2025)				

PACIFIC EQUESTRIAN CENTER ASSUMPTION OF RISK AND WAIVER

For valuable consideration and to induce permission to participate in equestrian activities held at **Pacific Equestrian Center LLC ("PEC")**, 10992 Wilton Road, Wilton, CA 95693, each of the undersigned agrees to the following terms and makes the following warranties: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any equestrian event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of PEC or Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers.

With this in mind, I accept full responsibility for my own safety and EXPRESSLY ASSUME ALL RISKS OF HARM, whether foreseen or unforeseen while participating in equestrian activities at PEC. I am physically fit and know of no medical or health reason why I should not participate in this activity.

I hereby RELEASE and agree to INDEMNIFY AND HOLD HARMLESS PEC, its shareholders, officers, employees, agents, instructors, equipment manufacturers, lessors, and insurers (hereinafter collectively referred to as "Parties Released"), from and against any liability, demand, claim, or right of action for any damage or injury, including paralysis or death, to any person or property, even if such damage or personal injury results from the NEGLIGENCE of PEC or other Parties Released. I further COVENANT NOT TO SUE or make any demand or claim against PEC or other Parties Released, for or by reason of any such damage or personal injury from my participation in equestrian activities at PEC. I will pay all fees, damages, and costs, including attorney fees, that PEC or other Parties Released may incur in the enforcement of this agreement.

A signed liability waiver is a condition to your participation in any event. Failure to sign will lead to your disqualification and removal from property.

I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

NAME	SIGNATURE:		
E-Mail Address:	DATE:		
ADDRESS:	CITY/STATE/ ZIP		
TELEPHONE NUMBER	CELLULAR TELEPHONE NUMBER		

Guardian Representation:

If I am a PARENT or GUARDIAN of any minor person under 18 years of age participating in equestrian activities at PEC, I make these representations and agree to the terms of this Assumption of Risk and Waiver on behalf of each minor, as well as myself, and I agree to assume responsibility for their safety. I further agree to INDEMNIFY AND HOLD HARMLESS PEC and the other Parties Released from and against any demand, claim, right of action, or suit that may be brought on behalf of any such minor arising from equestrian activities at PEC. I will pay all fees, damages, and costs, including attorney fees, that or other Parties Released may incur in the enforcement of this agreement. I am physically fit and know of no medical or health reason why I should not participate in this activity. I intend this agreement to bind me and my family, my assigns, estate, heirs, and personal representatives. This contract is severable and shall be interpreted and enforced under the laws of the State of California.

I have carefully read this document and fully understand its contents, which I adopt as a completely integrated and exclusive statement of the entire terms of agreement.

PRINT FULL NAME AND BIRTH DATE OF PARTICIPANT:		PRINT FULL NAME OF PARENT/GUARDIAN	
Minor Child Date of Birth	ADDRESS	City/State/Zip	
Parent/ Guardian Signature		ДАТЕ	
Emergency Telephone Numbers		EVENING/WEEKEND NUMBER	