

# 2024 PEC HORSE PARK DRESSAGE

## Schooling Series

### Entry Form for PEC Dressage Schooling Show

Mail entries to: PEC Schooling Entry, 10992 Wilton Road, Wilton, CA 95693

Show Manager: Mari Naten, 916-798-5844 Secretary: Diana Macha, 916-385-4997 text only.

Email: pecdressageshows@gmail.com



Date of Show: \_\_\_\_\_ (closing date Tuesday 7pm prior)

Horse Information		Rider Information																																					
Name		Name																																					
Birth Year & Breed		Address																																					
Sex		City																																					
Color		State, Zip																																					
VACCINE DATE (flu/rhino within 6 months)		Phone #																																					
Owner Information		Email																																					
		Status (circle one)	Adult Amateur/Jr/Open/Western/Eventer																																				
Name		<b>Trainer Information</b>																																					
Address																																							
City		Name																																					
State, Zip		Address																																					
Phone		City																																					
Cell		State, Zip																																					
Email		Phone																																					
		Cell																																					
		Email																																					
<b>Entries</b>		<b>Stabling</b>																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Class Test #</th> <th style="width:40%;">Fees \$</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td><b>Subtotal Class Fees:</b></td> <td> </td> </tr> <tr> <td><b>CDEFA Drug Fee (\$14)</b></td> <td style="text-align:right;"><b>\$14</b></td> </tr> <tr> <td><b>Office Fee (\$25)</b></td> <td style="text-align:right;"><b>\$25</b></td> </tr> <tr> <td><b>Stable Fee: Temp stall \$40 / day</b> <b>Perm stall \$50 / day</b> <b>Shavings \$11 / bag</b></td> <td> </td> </tr> <tr> <td><b>Late Fee (\$10 per class)</b></td> <td> </td> </tr> <tr> <td><b>Incomplete Entry/No Payment (\$15)</b></td> <td> </td> </tr> <tr> <td><b>WDAA High Point recording fee (\$3.00)</b></td> <td> </td> </tr> <tr> <td style="text-align:right;"><b>Total</b></td> <td> </td> </tr> </tbody> </table>		Class Test #	Fees \$																			<b>Subtotal Class Fees:</b>		<b>CDEFA Drug Fee (\$14)</b>	<b>\$14</b>	<b>Office Fee (\$25)</b>	<b>\$25</b>	<b>Stable Fee: Temp stall \$40 / day</b> <b>Perm stall \$50 / day</b> <b>Shavings \$11 / bag</b>		<b>Late Fee (\$10 per class)</b>		<b>Incomplete Entry/No Payment (\$15)</b>		<b>WDAA High Point recording fee (\$3.00)</b>		<b>Total</b>		Temp Stall Fee	\$    x    (days) =
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Emergency	Name:																																						
	Number:																																						
<p><b>Entries with Credit Cards</b> - Please visit <a href="http://www.foxvillage.com">www.foxvillage.com</a></p> <p>All entries <b>must be received</b> by the Tuesday prior to the show. Closing Time for paper entries is 7pm.</p> <p><b><u>All entries must include payment (Check or Venmo accepted). Entries received without payment will be charged a \$15 incomplete entry fee.</u></b></p> <p>(NO ENTRIES BY EMAIL or TEXT). <b>WAIVER MUST BE INCLUDED WITH ENTRY</b></p> <p>When an entry is sent without payment, the entrant will be liable to pay all class, office, stable and other fees. <b><u>Withdrawing will not excuse payment of all fees.</u></b></p>																																							
<p><b>Note:</b></p> <div style="display:flex; align-items:center; justify-content:center;"> <span>All entries must include a current vaccination record (Flu/Rhino less than 6 months old)</span> </div>																																							



**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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMERGENCY TELEPHONE NUMBERS

\_\_\_\_\_  
EVENING/WEEKEND NUMBER