

Stockade Polo and Saddle Club Horse Show

2024 Entry Form

One entry blank per horse
Entries must be completed and signed properly before numbers will be issued.

NO.	NAME OF HORSE	BREED	COLOR	AGE	SEX	HEIGHT
NO.	NAME OF RIDER #1	Date of Birth (Jr, AA)	CDHJC#	CLASSES		
NO.	NAME OF RIDER #2	Date of Birth (Jr, AA)	CDHJC#	CLASSES		

This document waives important legal rights. Read it carefully before signing.

- I AGREE in consideration for my participation in this Competition (Stockade Polo and Saddle Club Horse Show) to the following:
- I AGREE that I choose to participate voluntarily in the Competition with my horse as a rider, driver, handler, lounger, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risk of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”)
- I AGREE to release the Competition, Councils (CDHJC, TCRA), Stockade Polo & Saddle Club Inc (Stockade) and SPSA Associates, LLC from all claims for money damages or otherwise for any Harm to me or my horse and any Harm resulting, directly or indirectly, from negligence of Competition, Council, Stockade and/or SPSA.
- I AGREE to expressly assume all risk of Harm to me or my horse, including Harm resulting from the negligence of the Competition, Councils, Stockade and/or SPSA.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition, the Councils, Stockade and/or SPSA 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 acknowledge that the Competition and Stockade require me to wear an ASTM rated safety helmet AT ALL TIMES WHILE ON HORSEBACK, as part of the Competition Rules, while warning that no protective equipment can guard against all injuries. If I am the parent or guardian of a junior exhibitor I AGREE to all the above provisions and AGREE to assume all of the obligation of this Release on the child’s behalf.
- I AGREE that the Competition, CDHJC, TCRA, Stockade and SPSA as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, photographers, and other affiliated organizations.

Medical Release: If emergency medical care is required for myself, and/or a junior rider whom I am either the parent or legal guardian, and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

PARENT OR GUARDIAN MUST SIGN FOR JUNIOR

BY SIGNING BELOW, I AGREE to be bound by all applicable Competition Rules and all terms and provisions of this entry

Entry Fees.....\$ _____

Schooling - \$20.....\$ _____

Office/EMT.....\$ 15 _____

Prize money.....\$(_____)

TOTAL.....\$ _____

Check Number _____ Cash _____

Emergency Contact: _____

Emergency Phone: _____

Trainer Print Name: _____	Owner Print Name: _____	Rider #1 Print Name: _____	Rider #2 Print Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____	City: _____
State, Zip: _____	State, Zip: _____	State, Zip: _____	State, Zip: _____
Phone: _____	Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____	Email: _____
Signature _____	Signature _____	Signature _____	Signature _____