

RIDER NUMBER: (will be assigned)

RIDER	
Print Name of Rider	
Signature of Rider or Guardian if under 18	
Street or P.O. Box of Rider	
City	State Zip
Phone No. of Rider	Breed Membership Number
Rider E mail Address	

2021

The Autumn Edition Horse Show

October 16-17, 2021
Sonoma County Fairgrounds
Santa Rosa, Ca

Entries MUST be postmarked by
Saturday Oct 9, 2021
And E Mail by Wed Oct 13, 2021

OWNER	
Print Owner's Name (write 'same as rider' if applicable)	
Owner's Signature (Owner Must Sign - Mandatory)	
Street or P.O. Box of Owner	
City	State Zip
Phone No.	Breed Membership Number
Owner E mail Address	

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES (OFFICE USE)	DESCRIPTION	BREED REG # (if applicable)
			COLOR	BREED REG#
			SEX:	BREED
			COLOR	BREED REG#
			SEX:	BREED
			COLOR	BREED REG#
			SEX:	BREED
			COLOR	BREED REG#
			SEX:	BREED

TRAIL CLASS RANCH CLASS ENTRY FEE.....() 18.00\$
ALL OTHER ENTRY FEES.....()x 18/24 \$

18.00 PER CLASS PRE-ENTRIES, 24.00 PER CLASS LATE/SAME DAY ENTRIES

OFFICE FEE (PER HORSE) **MANDATORY!**() x 10 \$
STALL EARLY ARRIVAL (THURSDAY NIGHT)() x 25 \$
STALL (ONE DAY (24 HOUR ONLY)).....()x 60 \$

STALL (FRI THRU SUNDAY).....() x 90 \$
SHAVINGS 11 CUBIC FT (PER BAG).....() x 11 \$
TACK ROOM.....() x 35 \$
RV HOOK UP, Per Night.....() x 30 \$
TRAILER IN/ DAY USE (PER HORSE)() x 8 \$

TRAILER IN FEE IS MANDATORY IF NOT PURCHASING A STALL

CA DRUG FEE (PER HORSE) **MANDATORY!**() x 8 \$
RAFFLE TICKETS..... ()x 2.00 \$
GRAND PRIZE RAFFLE TICKETS.....()x 5.00 \$
SPONSORSHIP (TAX DEDUCTABLE)..... \$
LUNCH.....()x 20\$
TOTAL ENCLOSED.....\$

OFFICE USE ONLY
AMT PAID _____ FOR #S _____
CHECK # _____ RECEIPT _____
_____ REGISTRATION PAPERS (Optional)
_____ OPEN CHECK
Notes:

MAKE ALL CHECKS PAYABLE TO:

**BAFTA/NCHA
OR VENMO:
@Marie-Boyd83**

MAIL ENTRIES TO:

**North Coast Horse Association
767 Carr Ave
SANTA ROSA, CA 95404**

**OR E MAIL ENTRIES TO:
NorthCoastHorse@gmail.com**

**OR FAX ENTRIES TO:
707-615-4200**

Bay Area Fox Trotter Association/North Coast Horse Association Horse Show Entry Agreement

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employees and agents shall be subject to the rules of the Autumn Edition horse Show and the Sonoma County Fairgrounds, and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the above, its officers, directors, and employees harmless for any action taken.

Assumption of Risk, Waiver, and Indemnification

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

I AGREE in consideration for my participation in this Competition, The Autumn Edition Horse Show, to the following:

- I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).
- I AGREE to release the Competition, The Autumn Edition Horse Show and Sonoma County Fairgrounds from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Competition.
- I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition, The Autumn Edition Horse Show, Sonoma County Fairgrounds, 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 understand that I am entitled to wear protective equipment without penalty and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.
- If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to assume all of the obligations of this Release on the child’s behalf.
- I AGREE that the Autumn Edition horse Show and the Sonoma County Fairgrounds, as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
- I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Competition on an official accident/injury report form.
- I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE TO BE BOUND BY ALL APPLICABLE FEDERATION RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY BLANK

OWNER / AGENT (MANDATORY)

Adult Signature: _____

Print Name: _____

RIDER / DRIVER / HANDLER #1 (MANDATORY)

Print Name: _____ Jr. DOB: _____

Rider #1 Address: Street: _____

City, State, Zipcode: _____

Emergency Contact Phone No: _____ Email address: _____

Rider #1 Signature: _____

Adult / Guardian Signature, if rider a minor: _____

TRAINER (IF TRAINER IS PRESENT) - (MANDATORY)

Signature: _____

Print Name: _____

RIDER / DRIVER / HANDLER #2 (MANDATORY)

Print Name: _____ Jr. DOB: _____

Rider #2 Address: Street: _____

City, State, Zipcode: _____

Emergency Contact Phone No: _____ Email address: _____

Rider #2 Signature: _____

Adult / Guardian Signature, if rider a minor: _____