



GOLD COAST DRESSAGE SCHOOLING SHOW ENTRY FORM

RIDER NAME: _____ OWNER NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____ OWNER ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

RIDER PHONE: _____ OWNER PHONE: _____

HORSE'S NAME: _____ AGE: _____ BREED: _____ SEX: _____

*CURRENT COGGINS REQUIRED: (Include for all entries) DATE OF NEGATIVE RESULT _____

CLASS NAME: _____ OFFICE FEE: \$30.00
CLASS FEE: _____

CLASS NAME: _____ CLASS FEE: _____

RIDE A TEST: Test Name: _____ Sunday @ \$50.00 per session RIDE FEE: _____

HAUL IN / WALK IN FEE \$25 (IF NOT STABLING) HAUL IN/ WALK IN: _____

STABLING: \$50 per stall (Sat. 12noon-Sun 6pm) # Stalls _____ X \$50/ stall STABLING FEE: _____

(OR PRE-PAID VIP SEASON STALLS) #Stalls _____ @ N/C

Shavings available @ \$8.00/bag #Bags _____ @ \$8/bag SHAVINGS _____

Stall Deposit \$25 per stall (will not be cashed or charged if stall is stripped) STALL DEPOSIT _____

TOTALS \$ _____

MAKE CHECKS PAYABLE TO: GOLD COAST DRESSAGE ASSOCIATION, INC or GCDA

MAIL TO: 14851 Wind River Drive, Palm Beach Gardens, FL 33418; Ph: 561-685-3916 or FAX: 772-405-1034

STABLE NAME/GROUP NAME: _____ CONTACT PHONE: _____

CREDIT CARD: VISA MC AMEX CARD NO: _____ EXP DATE / SIC CODE _____

NAME ON CARD: _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIP _____

SCHOOLING SHOW ENTRY AGREEMENT/ RELEASE

The undersigned, for and on behalf of myself, my heirs, personal representatives, successors and assigns, hereby releases and forever discharges Gold Coast Dressage Association, Inc. or "GCDA", Jim Brandon Equestrian Center("Property"), of Palm Beach, FL, their agents, officers, employees, volunteers, successors and assigns of and from any and all claims or demands of any nature whatsoever which I may have or hereafter acquire or have accrued to them arising as a result of, or incident to, my presence on or utilization of said "Property" or any of its facilities. Such release of liability includes, but is not limited to liability for any sickness, disease, estray, theft, death or injury (fatal or not fatal) or incurred by me, any horses, or any property while at said "Property". Any and all claims and demands are hereby waived and released and I covenant not to sue thereafter.

Due to their size and the unpredictable nature of horses, the care and handling of horses as well as other equine activities involves inherent risk. I acknowledge that I am familiar with the hazards associated with horses, horse barns and all equestrian related facilities; that horses and riding and proximity to horses are dangerous activities; and I assume all risks associated with the foregoing. I also agree to abide by the rules of the Competition & GCDA.

This release is governed by and construed in accordance with the laws of the State of Florida. If I am a minor under eighteen (18) years of age, a parent or guardian shall sign on my behalf. **ALL RIDERS RIDE AT HIS/HER OWN RISK. SAFETY HELMETS ARE RECOMMENDED AT ALL TIMES WHEN MOUNTED** and are the responsibility of the rider. Organizers assume NO LIABILITY for Rider/Owner and his/her horse or personal property.

Please note Florida Equine Law as listed below:

WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

IN WITNESS WHEREOF, the undersigned have caused the presents to be executed in the matter and form sufficient in law this the _____ day of _____, 20 ____.

Rider Name / Rider's Signature

Owner Name / Owner's Signature

Trainer's Name / Trainer's Signature

Coach's Name / Coach's Signature