

# 2024 SERIOUS FUN SCHOOLING SHOW SERIES ENTRY FORM

Show Dates: June 9<sup>th</sup> & July 14<sup>th</sup>  
**CHAMPIONSHIP SHOW: September 8<sup>th</sup>**  
*September show WD points counted for the PNWWDA*

**Mail Entries to:**

Schooling Show Secretary c/o Deborah Nelson  
 6544 Crowfoot Road, Trail, OR. 97541

**Payment to be made to: Maywood Stables**

**Show Manager:** Stacy Sutton, 530-313-0092  
**Email:** vineyardoakdressage@yahoo.com  
**Show Secretary:** Deborah Nelson, 541-414-7079  
**Email:** drdeborahshafer@gmail.com  
**Stable Information:** Maddie Crook, 541-840-3013

**Date of Show:** \_\_\_\_\_  
 (Closing Date Tuesday 7pm prior)

**Horse Information**

Name: \_\_\_\_\_  
 Age & Breed: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Color: \_\_\_\_\_

*All competing horses must be current on flu/rhino vaccine.*

**Rider Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Status:** (circle one) JR/Adult Amateur/Open

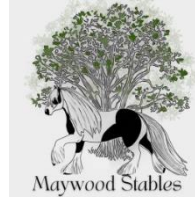
**In Case of Emergency Contact:**

\_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Rider: \_\_\_\_\_

**Entries & Fees**

Class # & Full Name of Test	Fees \$
<b>SUBTOTAL OF CLASS FEES:</b>	<b>\$</b>
<b>Office Fee (\$5)</b>	<b>\$5.</b>
Stall Fee (Day \$15./Night \$20x # of days)	
Arrival Date: _____ Time: _____	
Pelleted Bedding: (\$7/bag)	
Late Fee Per Class (\$5)	

Where Showing is *SERIOUS FUN!*



**388 South Stage Road, Medford, Oregon**

**Owner Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Trainer Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Assumption of Risk Waiver**

A signed liability waiver is a condition of your participation in this event.

1. **LIABILITY RELEASE** In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the RIDER, and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its owners, agents, employees, officers, members, premises, owners, insurers, and affiliated organizations from legal liability due to THIS STABLE'S ordinary negligence; I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against THIS Stable and IT'S ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE.

2. **Consent to Treatment** In the event that I am injured or become ill, am not conscious or otherwise capable of making an informed decision regarding medical care, and require medical treatment. I hereby consent to such medical treatment as deemed necessary and prudent by a licensed medical professional until such time as I regain consciousness or until the contact person designated above can be reached and consent to or decline treatment on my behalf.

**RIDER SIGNATURE:**

\_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GAURDIAN SIGNATURE:**

\_\_\_\_\_ Date: \_\_\_\_\_

**TRAINER SIGNATURE:**

\_\_\_\_\_ Date: \_\_\_\_\_

\*Special Ride Time Requests **MUST** be requested on this entry form or they will not be accepted. We will try our best to accommodate.

\_\_\_\_\_  
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