# 2024 SERIOUS FUN SCHOOLING SHOW SERIES ENTRY FORM

Show Dates: June 9th & July 14th CHAMPIONSHIP SHOW: September 8th 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

<b>, ,</b>			
Rider Ir	nformation:		
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/Class	Fees \$
SUBTOTAL OF CLASS FEES:	\$
Mandatory Office Fee (\$5)	<b>\$5.</b>
Stall Fee (Day \$15./Night \$20x # of days)	
Arrival Date: Time:	
Pelleted Bedding: (\$7/bag)	
Late Fee Per Class (\$5)	
TOTAL SHOW FEES:	\$
Mandatory Office Fee (\$5)  Stall Fee (Day \$15./Night \$20x # of days)  Arrival Date: Time:  Pelleted Bedding: (\$7/bag)  Late Fee Per Class (\$5)	\$5.

# Where Showing is SERIOUS FUN!





### 388 South Stage Road, Medford, Oregon

ame:	
ddress:	
ity:	Zip:
none:	
mail:	
rainer Information:	
ame:	
ity:	Zip:
none:	
mail:	
Assumption of Risk Wa	iver
A signed liability waiver is a c	ondition of your participation in this even
participation in this activity, und and the parent or guardian there release THIS STABLE, its own premises, owners, insurers, and to THIS STABLE'S ordinary nevent of THIS STABLE'S gross claims, demands, actions and ca Stable and IT'S ASSOCIATES economic and non-economic lost damage, sustained by me and/or the premises and operations of Thandling, or otherwise being necontrol of THIS STABLE.	onsideration of THIS STABLE allowing my der the terms set forth herein, I, the RIDER, of if a minor, do agree to hold harmless and ers, agents, employees, officers, members, affiliated organizations from legal liability degligence; I do further agree that except in the sand willful negligence, I shall bring no buses of action, and/or litigation, against THI as stated above in this clause, for any sees due to bodily injury, death, property my minor child or legal ward in relation to THIS STABLE, to include while riding, ar horses owned by or in the care, custody and the state of the same and the care, custody and the same are set of the same and the same are same as the same and the same are same as the same are same are same as the same are same are same are same are same as the same are same as the same are same are same are same as the same are
conscious or otherwise capable medical care, and require medic treatment as deemed necessary until such time as I regain consci	event that I am injured or become ill, am not of making an informed decision regarding al treatment. I hereby consent to such medic and prudent by a licensed medical profession clousness or until the contact person designate and to or decline treatment on my behalf.
RIDER SIGNATURE:	
	Date:
PARENT/GAURDIAN SIG	GNATURE:
	Date:
TRAINER SIGNATURE:	
	Date:

or they will not be accepted. We will try our best to accommodate.