2026 SERIOUS FUN ENTRY FORM

Show Dates: June 28th & August 9th
Halloween Haunt & CHAMPIONSHIP SHOW: October 4th
June & August PNWWDA B System Approved Shows

Mail All SERIOUS FUN SHOW Class Entries to:
Schooling Show Secretary c/o Michelle Crook
388 South Stage Road, Medford, Oregon 97501
Payment to be made to: Maywood Stables

Show Managers: Stacy Sutton, 530-313-0092
Email: vineyardoakdressage@yahoo.com
Show Secretary: Michelle Crook
Email: bmmcrook@msn.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
WDAA #: _____ PNWWDA #: _____

Entries & Fees

Class # & Full Name of Test/Class	Fees $
SUBTOTAL OF CLASS FEES:	**$**
Mandatory Office Fee ($5)	**$5.**
Stall Fee (Day $15./Night $20x # of days)	
Arrival Date: Time:	
Pelleted Bedding: ($7/bag)	
Late Fee Per Class ($5)	
Youth Discount: OHSET/PNWWDA	**-$5.**
TOTAL SHOW FEES:	**$**

Where Showing is SERIOUS FUN!

388 South Stage Road, Medford, Oregon

Owner Information
Name: _____
Address: _____
City: _____Zip: _____
Phone: _____
Email: _____
WDAA #: _____ PNWWDA #: _____

Trainer Information:
Name: _____
Address: _____
City: _____Zip: _____
Phone: _____
Email: _____
WDAA #: _____ PNWWDA #: _____

In Case of Emergency Contact:_____
Phone: _____Relationship to Rider: _____

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 ill, I 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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