

2019 Fiesta del Sueño Series
 El Sueño Equestrian Center
 5250 Kingsgrove Dr. Somis, CA 93066
www.elsuenoequestrian.com

PRE-ENTRY CLOSES WEDNESDAY PRIOR TO THE SHOW

OWNER		
NAME OF LEGAL OWNER		
STREET OR PO BOX		
CITY	STATE	ZIP
EMAIL		
PHONE		

RIDER I		
	NAME OF RIDER	
	STREET OR PO BOX	
	CITY	STATE
EMAIL		
PHONE		

TRAINER		
NAME OF TRAINER		
STREET OR PO BOX		
CITY	STATE	ZIP
EMAIL		
PHONE		

OFFICE ONLY		HORSE NAME			RIDERS		CIRCLE	CLASSES	
					RIDER 1		JR AM PRO	RIDER 1 CLASSES	
		AGE	COLOR	SEX	HEIGHT			RIDER 2	RIDER 2 CLASSES

EL SUENO ENTRY AGREEMENT

This document waives and releases important legal rights. Please read it carefully before signing.

I understand and expressly acknowledge that I am fully aware that horseback riding and jumping, horse sports, and my participation in the Horse Show competition involve inherent dangerous risks that include, but are not limited to, the risks of accident, loss, serious bodily injury, property damage, and/or death ("Harm"). I hereby agree to expressly assume ALL RISK OF HARM to myself and my horse(s), and choose to voluntarily participate in this Horse Show.

I HEREBY EXPRESSLY, VOLUNTARILY, AND UNCONDITIONALLY RELEASE, INDEMNIFY AND HOLD HARMLESS El Sueño Equestrian Center, Deborah Rosen and/or Wild Ride Events, their owners, officers, members, agents, employees, licensees and invitees, as well as any other person, firm, corporation, company, entity, or anyone in any way connected with the ownership and management of the show premises and the Horse Show, or in control of the premises or equipment related thereto (collectively, "Releasees") from and against ANY AND ALL CLAIMS FOR INJURIES, DAMAGES, AND/OR LOSES connected with participation in the Horse Show. This includes, but is not limited to, claims for monetary damages, attorney's fees, costs, losses, and/or causes of action against Releasees for any and all HARM to me or my horse(s) and for any HARM caused or contributed in any way to by me or my horse(s) to others, arising out of or in any way connected with participation in the Horse Show, and includes reimbursement of Releasees' costs and attorney's fees incurred in defense of such claims. I further agree to this release, indemnification, and holding harmless WHETHER OR NOT SUCH CLAIM, INJURY, DAMAGE, OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM MY NEGLIGENT ACTS OR OMISSIONS OF THE NEGLIGENT ACTS OR OMISSIONS OF RELEASEES, to the fullest extent allowed by law. I also acknowledge that no representations or warranties, whether oral or written, implied or expressed, have been made by Releasees concerning the Horse Show premises, the Horse Show Event, or the activities at El Sueño Equestrian Center and/or Deborah Rosen, or any other matter.

I understand and agree that this Release, Assumption of Risk, Waiver and Indemnification shall be binding upon my heirs and assigns. If a parent or guardian is signing below, he or she consents to the minor child's participation in the Horse Show and agrees to all of the above provisions and agrees to assume all of the obligations of this release of liability on the minor child's behalf. I HEREBY DECLARE THAT I CAREFULLY HAVE READ THE FOREGOING RELEASE OF ALL LIABILITY, I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING BLEOW, AND I AGREE TO THE TERMS OF THE RELEASE IN FULL.

RIDER II		
	NAME OF RIDER	
	STREET OR PO BOX	
	CITY	STATE
EMAIL		
PHONE		

	QUANTITY	TOTAL
CLASS ENTRIES		
EMT FEE - \$5/Rider		
CDFA DRUG FEE - \$5/Horse		
TRAILER IN FEE - \$20/Horse		
STABLING (Sat \$50 Fri-Sat \$75)		
SHAVING - \$10/Bag		
TOTAL DUE		

OWNER/AGENT	RIDER/HANDLER	TRAINER
SIGNATURE	SIGNATURE	SIGNATURE
PRINT	PRINT	PRINT
PARENT/GUARDIAN SIGNATURE	SIGNATURE	COACH SIGNATURE
PRINT	PRINT	PRINT

OFFICE USE ONLY	