

## Show Entry Form

Please print in black or blue ink—all info is required. Entries will not be accepted if form is incomplete.

### Closing Date: August 4, 2018

Any entries postmarked after that date will have post entry fee of \$50 applied. Show will start promptly at 8:00 a.m.

Please fill out one form per horse/rider team.

Owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_  
\_\_\_\_\_

Owner's phone: \_\_\_\_\_ Email: \_\_\_\_\_

Rider's name: \_\_\_\_\_

Rider's emergency contact: \_\_\_\_\_

Relationship to rider \_\_\_\_\_

Home or work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Horse's name: \_\_\_\_\_

Horse's age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Gaited? \_\_\_\_\_

Rider Division:

\_\_\_\_ Amateur: Adults (non-Pro)

\_\_\_\_ Youth: Those 17 & under (An individual who has not reached his/her 18th birthday as of January 1st of the current competition year)

\_\_\_\_ Open: Adult professional (An individual who makes his/her living instructing or training in the industry)

### Honorary High Score Awards \*Only One Per Rider\*

You may ride in honor of a cancer survivor or veteran or for yourself

\_\_\_\_ Cancer Survivor \_\_\_\_\_

\_\_\_\_ Veteran \_\_\_\_\_

\_\_\_\_ Silver Rider (65 Years & Older)

*Maximum of 4 under saddle tests per horse per day. Maximum of 4 on the ground tests per horse per day*

Tests entered (check all that apply):	SAT	SUN
Walk/Jog Test 1	_____	_____
Walk/Jog Test 2	_____	_____
Walk/Jog Test 3	_____	_____
Walk/Jog Test 4	_____	_____
Walk/Jog/Lope Test 1	_____	_____
Walk/Jog/Lope Test 2	_____	_____
Walk/Jog/Lope Test 3	_____	_____
Walk/Jog/Lope Test 4	_____	_____
Walk/Jog/Lope Test 5	_____	_____
Walk/Jog/Lope Test 6	_____	_____
Walk/Jog/Lope Test 7	_____	_____
Challenge Walk/Walk Test 1	_____	_____
Challenge Walk/Jog Test 1	_____	_____
Challenge Walk/Jog Test 2	_____	_____
Challenge Walk/Jog Test 3	_____	_____
Challenge Walk/Jog Test 4	_____	_____
Challenge Walk/Jog/Lope Test 1	_____	_____
Challenge Walk/Jog/Lope Test 2	_____	_____
Vaquero Challenge Walk/Jog Test 2	_____	_____
Vaquero Challenge Walk/Jog Test 4	_____	_____
Vaquero Challenge Walk/Jog/Lope Test 1	_____	_____
Vaquero Challenge Walk/Jog/Lope Test 2	_____	_____
Partnership Lead Line (Saturday only)	_____	_____
Partnership On The Ground Walk/Walk Test 1	_____	_____
Partnership On The Ground Walk/Jog Test 1	_____	_____
Partnership On The Ground Walk/Jog Test 2	_____	_____
Partnership Under Saddle Walk/Walk Test 1	_____	_____
Partnership Under Saddle Walk/Jog Test 1	_____	_____
Challenge Gaited Walk/Walk Test 1	_____	_____
Challenge Gaited Walk/Intermediate Test 1	_____	_____
Gaited Walk/Intermediate Gait Test 2	_____	_____
Gaited Walk/Intermediate Gait Test 3	_____	_____
Gaited Walk/Intermediate Gait/Lope Test 2	_____	_____
Freestyle Walk/Jog	_____	_____
Freestyle Walk/Jog/Lope	_____	_____
Drill Team Freestyle	_____	_____

**This is NOT the order in which the tests will be scheduled.**

**Freestyle, Partnership and Walk/Walk do not count toward high point or high score.**

If the rider is showing more than one horse, please fill in the name of the other horse here, and indicate how much time the rider would prefer between rides:

Second horse's name: \_\_\_\_\_

\*Preferred amount of time between rides: \_\_\_\_\_

*\*Show management will make every effort to accommodate your request but may not be able to do so in all cases.*

1 Bale of Bedding is included in the price of the stalls. Tack stalls do not include bedding. Extra bales will be available for \$9.

**Class Fees:**

Tests – Open & Amateur	_____ @ \$45 per test	\$ _____
Tests – Youth	_____ @ \$35 per test	\$ _____
Lead Line class	_____ @ \$10 per test	\$ _____
CDW Member # _____		
CDW Non-member Fee	_____ @ \$25	\$ _____

(Join the Remuda Membership at [www.cowboydressageworld.com](http://www.cowboydressageworld.com))

Stalls:

Thursday Night	_____ @ \$20	\$ _____
Weekend	_____ @ \$75	\$ _____
Tack room weekend	_____ @ \$50 per stall	\$ _____
Office fee (Mandatory):	_____ @ \$10 per horse	\$ _____
Haul in fee/no stall	_____ @ \$15/day	\$ _____
Post entry fee (pay only once and only after June 4th)	_____ @ \$50	\$ _____
<b>Sponsorship (Tax deductible)</b>	<b>Total from form</b>	\$ _____

**Total Due:** \$ \_\_\_\_\_

*Maximum of 4 under saddle tests per horse per day. Maximum of 4 on the ground tests per horse per day.*

*\*Stall fees include bedding.*

Please make all checks payable to **ORCWDA.**

We cannot accept credit/debit cards

**Mail forms to: ORCWDA, PO Box 193, Walterville, OR 97489**

**All entries must include:**

- **Signed entry form**
- **Signed and dated release for ORCWDA**
- **Signed and dated release for Cowboy Dressage World**
- **Payment in full**

Rider signature: \_\_\_\_\_

Owner signature (if different from rider): \_\_\_\_\_

Parent/Guardian signature for Youth riders: \_\_\_\_\_

## **ORCWDA RELEASE, ASSUMPTION OF RISK, WAIVER & INDEMNIFICATION**

I represent by signing this form that I am participating in this event voluntarily. I understand and acknowledge that horses can be unpredictable and sometimes dangerous animals, and that horse related activities involve inherent risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I participate at my own risk. I agree to release OR Cowboy/Western Dressage Alliance ("ORCWDA") from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the ORCWDA, Facility, Event Company, Event Coordinator, or Owners. I agree to expressly assume all risks of Harm to me or my horse, including the Harm resulting from the ORCWDA, Facility, Event Company, Event Coordinator, or Owners. I agree to indemnify (that is, to pay for) any losses, damages, or costs incurred by me or my horse, my family members or attendants at the event.

I understand that I am not required to wear protective head gear and I acknowledge that ORCWDA has notified me to do so, while warning that no protective gear can guard against all injuries. Those under the age of 18 will be required to wear a helmet.

If I am a parent or guardian signing on behalf of a minor, I consent to the minor's participation and agree to all of the above provisions, and agree to assume all the obligations of this Release on behalf of the minor.

I understand that ORCWDA as stated above includes all of their officers, officials, directors, agents, personnel, volunteers and affiliated organizations. I represent that my horse and I are both healthy and sound enough to participate in the event.

I also agree that ORCWDA, Facility, Event Company, Event Coordinator, or Owners may use or assign photographs, videos, audios, cablecasts or other likenesses of me and my horse taken during the course of the event for the promotion, coverage or benefit of the ORCWDA, Facility, Event Company, Event Coordinator, or Owners. Those likenesses will not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status in competition. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claims to compensation, invasion of privacy, right of publicity, or to misappropriation.

### **ORS 30.687-697 Oregon Equine Activity Liability Act**

This act stipulates that an equine sponsor or an equine professional is immune from liability for the death or injury of a participant, arising out of riding, training, driving, grooming or riding as a passenger upon an equine. However, there are exceptions to this rule: an equine sponsor or professional will be held liable for injuries of an equine activity participant if he or she displays a willful and wanton or intentional disregard for the safety of the participant.

By signing below, I agree to be bound by all applicable statutes of the state of Oregon and ORCWDA and Owners' rules and all terms and provisions of this entry form.

Participant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

On behalf of (minor's name): \_\_\_\_\_

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

# Cowboy Dressage® World Release

Upon entering a Cowboy Dressage® World Show and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider or Handler, and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules and the local rules of the competition. I agree to be bound by the Bylaws and Rules and the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the

COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE,

GARN WALKER AND WYATT PAXTON) their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the COWBOY

DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN

WALKER AND WYATT PAXTON) and/or the competition may use or assign photographs, videos, audios,

cablecasts, or other likenesses of my horse and/or myself taken during the course of the competition for the

promotion, coverage or benefit of the competition, sport or the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT PAXTON) Those

likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Rules are governed by the laws of the State of California, and any action instituted against COWBOY

DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN

WALKER, AND WYATT PAXTON) must be filed in Sacramento County Superior Court, California.

I have read the Cowboy Dressage® Competition Rules \_\_\_\_ Yes \_\_\_\_ No [www.cowboydressage.com/competition.html](http://www.cowboydressage.com/competition.html)

COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT PAXTON

**Release, Assumption of Risk, Waiver and Indemnification. *This document waives important legal rights. Read it carefully before signing.***

**I AGREE** in consideration for my participation in this competition, COWBOY DRESSAGE® WORLD SHOW to the following:

**I AGREE** that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious

bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”). **I AGREE** to

release the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER, AND WYATT PAXTON)

and the Competition from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of

the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYNRINGROSE MOE, GARN WALKER, AND WYATT PAXTON) or the Competition. **I AGREE** to expressly assume all risks of

Harm to me or my horse, including Harm resulting from the negligence of the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT

PAXTON), or the Competition. **I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE

MOE, GARN WALKER AND WYATT PAXTON) and the Competition and to hold them harmless with respect to claims of Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the COWBOY DRESSAGE® Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty (riders age 17and under are required to wear protective head gear while mounted on show grounds) and I acknowledge that the COWBOY DRESSAGE® WORLD LLC

(DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE-MOE, GARN WALKER, AND WYATT

PAXTON) strongly encourages me to do so while **WARNING** that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and **AGREE** to all of the above provisions and **AGREE** to assume all the obligations of this Release on the child’s behalf. **I AGREE** that

“the” COWBOY DRESSAGE® WORLD AND PARTNERS (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT PAXTON) and “Competition” as used above includes all of

their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable COWBOY DRESSAGE® WORLD LLC

(DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, GARN WALKER AND WYATT

PAXTON)Rules and all terms and provisions of this entry blank.

Rider (mandatory)

Owner (mandatory)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian Signature: (Required if Rider is a minor): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Is Rider a U.S. Citizen: \_\_\_\_ Yes \_\_\_\_ No



## **ORCWDA Gathering Sponsorship Opportunities**

**All Donations to ORCWDA are Tax Deductable**

Sponsorship perks are for both shows:

WA State Horse Park, Cle Elum, WA - June 30 and July 1, 2018

Linn Cnty Expo Center, Albany, OR August 25 & 26, 2018

### **Supporter of ORCWDA Sponsorship Package \$500**

- \*2 Company banners displayed at both gatherings
- \* Company fliers in every exhibitor's entry packet
- \* Vendor space at both events
- \* Company link on ORCWDA's website for a year
- \* Company name listed on ORCWDA's Facebook page for 1 year
- \* Company name announced during both events
- \* Company name listed in ORCWDA's newsletter for 1 year

### **Buckle Sponsorship Package \$300**

- \*Vendor space at both events
- \*Company link on ORCWDA's website for 1 year
- \*Company banner displayed at both events
- \*Company name listed on ORCWDA's Facebook page for 1 year
- \*Company name announced during both events
- \*Company name listed in ORCWDA's newsletter for 1 year



## **ORCWDA Information Subscription**

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

Check all that apply:

\_\_\_\_\_ Please add me to your email list for updates

Want to volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_ (check all below that apply):

Want to help at events \_\_\_\_\_

Have a venue available for events \_\_\_\_\_

Know a clinician who can do demo/clinic \_\_\_\_\_

Other (please specify): \_\_\_\_\_

### **PLEASE PRINT**

First and last name: \_\_\_\_\_

Street/mailling address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Oregon Cowboy/Western Dressage Alliance  
PO Box 193, Walterville, OR 97489**

**THANK YOU! WE LOOK FORWARD  
TO RIDING WITH YOU SOON!**

**Friend of ORCWDA Sponsorship Package \$100**

- \*Company banner displayed at both events
- \*Company name listed on ORCWDA's Facebook page for 1 year
- \*Company name announced during both events
- \*Company name listed in ORCWDA's newsletter for 1 year

**Class sponsorship Package \$50**

- \*Company name announced during both events
- \*Company name listed in ORCWDA's newsletter for 1 year

**ORCWDA Sponsorship Form**

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Sponsorship Package Amount: \$ \_\_\_\_\_

Please make checks payable to: ORCWDA, P.O. Box 193, Waltherville, OR 97489

Thank you for your support!

**All Donations to ORCWDA are Tax Deductable  
Tax ID #46-2735401**

## **ORCWDA Information Subscription**

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

Check all that apply:

\_\_\_\_\_ Please add me to your email list for updates

Want to volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_ (check all below that apply):

Want to help at events \_\_\_\_\_

Have a venue available for events \_\_\_\_\_

Know a clinician who can do demo/clinic \_\_\_\_\_

Other (please specify): \_\_\_\_\_

### **PLEASE PRINT**

First and last name: \_\_\_\_\_

Street/mailling address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**THANK YOU! WE LOOK FORWARD  
TO RIDING WITH YOU SOON!**