

# SHOW ENTRY FORM

Western Dressage Show and Clinic on April 20, 2024 at Bella Rosa  
Stables Benefitting Care From The Heart

**One Horse per Entry Form Please write clearly!**

**Rider:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Horse Name:** \_\_\_\_\_

**Horse Breed:** \_\_\_\_\_ **Horse Age** \_\_\_\_\_ **Horse Gender** \_\_\_\_\_

**WDAA Member Number** \_\_\_\_\_

**AQHA Member Number** \_\_\_\_\_ **AQHA Jr. Sr. (circle one)**

Class Number	Class Name	Fees
		\$35.00
		\$35.00
Office Fee		\$10.00
AQHA Points	Only required if competing for AQHA points	\$10.00

## Clinic

Clinic	Level you are currently riding	Fee
	Competing in the show	\$30.00
	Not competing in the show	\$45.00

## Entry Checklist

- Completed Entry form**
- Current Coggins**
- Proof of Flu/Rhino vaccination within the last 6 months**
- Waiver / Hold Harmless**
- Payment of fees by check or money order payable to Care From The Heart**

**For AQHA Points only**

- Copy of current AQHA Membership Card**
- Copy of Horse Papers**
- Payment of \$10 AQHA Points fee**

**Total payment enclosed \_\_\_\_\_**

**ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE with FULL  
PAYMENT AND DOCUMENTS (Above)**

**B-BARR-B LLC 151 Oak Glen Road DBA Bella Rosa Stables Howell, N. J. 07731  
Care From The Heart**

### **Release of Liability**

**UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287, C: 5:15-1 ET SEQ.**

I understand that the activity of horseback riding includes inherent risks of injury and I voluntarily assume and accept the full risk of such injury. I also understand that a horse, irrespective of its training or temperament, may act in an unpredictable manner and that is a risk to be assumed by engaging in any equine activity. I knowingly assume all risks, whether known or unknown, associated with engaging in equine activities.

To the fullest extent allowed by law, I agree to waive, discharge claims, and release from all liability B-Barr-B LLC, DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders, in any way connected with equine activities. I further agree to hold harmless the B-BARR-B, LLC DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders from any claims, damages, injuries, or losses caused by my own negligence while a participant in equine activities, or events organized or sponsored by the B-BARR-B LL, DBA Bella Rosa Stables and Care From the Heart. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrations and assigns, and includes any minors accompanying me in equine activities.

I acknowledge that I have read this Release of Liability and know and understand its contents. If you joined as a FAMILY, all family members "**over 18 years of age**" must sign this release (in this section).

\_\_\_\_\_  
Print Name (Clearly) Signature Date

\_\_\_\_\_  
Address (Print Clearly) Street, Town, and Zip

\_\_\_\_\_  
Print Name (Clearly) Signature Date

If additional family members need to be added, please complete a separate form and attach.

\*\*\*\*\* For members "**under**" 18 years of age, parent(s) or guardian must list name of each child and sign at bottom of page,

\_\_\_\_\_  
Name of child Name of child

I, the undersigned parent or guardian of the above minor(s) in consideration of my minor's participation in equine activities, agree that the terms and conditions of this Release of Liability shall be binding as to damage, injury, and/or death to my minor(s), his/her animal, and property arising out of his/her participation in equine events.

\_\_\_\_\_  
Parent/Guardian Print Name Parent/Guardian Signature Date