

2017 VADA Chapter Challenge Schooling Show Entry Form

Competitors are responsible for duplicating their own additional copies of this entry form. This is a 2-sided form. TYPE OR PRINT CLEARLY -- ONLY ONE HORSE / RIDER PER ENTRY FORM

Official Use Only	Bridle No.
Check #:	
Paid: \$	

Competition Name: **2017 VADA Chapter Challenge Schooling Show @ East Complex Virginia Horse Center, Lexington, VA**

Competition Date: August 26, 2017

NAME OF HORSE (Horse MUST be named)	BREED	COUNTRY (Where Bred)	SEX	HEIGHT	COLOR	AGE	DOB

Date of Coggins (must attach copy): _____

Rider: _____ Phone: _____ Fax: _____

Rider's Full Address: _____

Rider E-Mail: _____ VADA Member: Yes ___ No ___

Rider VADA CHAPTER^: _____ Chapter No: _____ Mandatory, for Riders in the Chapter Challenge.

^ Chapter MUST be declared on this entry blank for your rides to count for you Chapter in the Chapter Challenge!!

Parent Name (If rider is under 18): _____

Rider's DOB (for HS awards): _____

REMEMBER – Only VADA members are eligible to participate in the Chapter Challenge or the Musical Free Style Sweepstakes in this show.

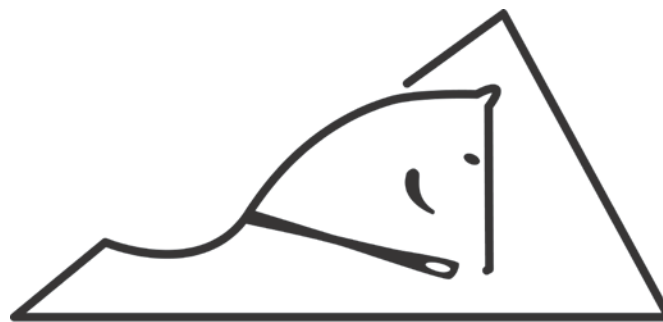
Entries from non-members will be accepted on a space available basis; VADA members have priority for entering the show.

Class Name (if MFS TOC – state level)	Fee
SUBTOTAL Class Fees	

Payment For	Fee	Office Use
Subtotal, Class		
NO Bedding Available		
Haul In/Grounds Fee (if not stabled)		
Stabling: Overnight @ \$70		
Stabling: Day only @ \$40		

TOTAL FEES DUE per rider

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VIRGINIA DRESSAGE ASSOCIATION

I, the undersigned, understand that there are risks of injury and death inherent in all equine activities, including the event named below. Such risks include, but are not limited to: (i) the propensity of an equine to behave in dangerous ways which may result in injury to or death of participants in such activities; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions. I assume all risks of injury, death, and/or injury or damage to property, including equines, associated with participation in equine activities. I waive all rights to sue VADA, Inc. and any of the VADA Chapters or the Virginia Horse Center and/or any of their officers, directors, volunteers, employees and agents, the judges at this event, the owner or lessor of the facilities where the event is held, and/or any sponsor of this event for injury to or death of me or, where applicable, the junior rider named below, and/or for injury or damage to property, including equines. I agree to indemnify and hold harmless the foregoing parties from and against any and all such claims of injury, death, or damage. This Liability/Release form is to be construed in accordance with, and to be as broad as permitted by, the Equine Activity Liability Act set forth in the Virginia Code.

*Rider (mandatory)
Signature: _____
Print: _____
*Parent signature – if under 18 years

** No entry is valid without original signatures from the above individuals; Photocopied signatures or writing "same" are NOT acceptable.*

STABLING / CAMPER HOOK-UP RESERVATION FORM (Refer to Prize List for Specifications)								
Contact NAME and NUMBER for Rider Emergency:				Contact NAME and NUMBER for Horse Emergency:				
_____				_____				
Name of Lodgings Where Rider or Responsible Party Will be Staying During the Competition				Telephone Number at the Competition (For Emergency Contact Purposes)				
_____				_____				
Stall Occupant	Sex (S,M,G)	Check Stall Days/Nights Desired (see prize list directives)						
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Horse Name								
Approx. Time of Arrival: _____		Approx. Time of Departure: _____						
Special Requests*: _____								

*Provide name of individual with whom you desire to be stabled (if part of a group, make sure you all name the same person)								
Stabling fees: _____ stalls for @ \$ _____ per weekend = _____								
TOTAL STABLING FEES: _____								

ENTRY PREPARATION CHECKLIST
<i>Before Mailing, Be Sure You Have:</i>
___ Completed Both Sides of the Entry Form
___ Original Signature Required
___ Enclosed a Copy of the Current Negative Coggins (EIA) Certificate (valid through August 26, 2017)
___ Enclosed a Check / Money Order for all Applicable Fees.
Mail this Entry Form, Coggins Test, and Fees to the Competition Secretary Identified on the Prize List.

PLEASE SUBMIT ANY IMPORTANT INFORMATION FOR THE ANNOUNCER ON A SEPARATE SHEET