

California Fox Trotter Association – Show Entry

Rider/Handler Number _____

Date of Show _____

CLASS FEES: PRE-ENTRIES = \$15.00 PER CLASS AT SHOW/LATE ENTRIES = \$20.00 PER CLASS

Release of Liability My signature on this form is acknowledgement that I have read, understand and agree to this Release of Liability as follows. I knowingly and intelligently release the California Fox Trotter Association (CFTA) from all liability or for any act of negligence or want of ordinary care on the part of the CFTA or any of its agents. In consideration of my participation in events organized or sponsored by CFTA, I waive, release and discharge CFTA and tier directors, officers, agents or members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my child, my animals or my property arising out of my participation. I expressly waive any rights I may have under California Civil Code 1542 which states: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him might have materially affected his settlement with the debtor.

I knowingly and intelligently release, indemnify and hold harmless CFTA, their officers, directors, members and agents against all claims, demands and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuits brought by or prosecuted for my benefit, in which this release is upheld. I acknowledge that horseback riding is a sport which carries inherent risks of injury and damage to myself, my child, my horse and my property. I knowingly assume all risks, whether known or unknown of horseback riding. I understand that I or my child, as well as others with myself and/or my child, are riding and participating at their own risk. CFTA, its agents or members shall not be liable for any damage which may accrue from any cause or as a result of fire, theft, running away, state of health, injury to person, animal or property. My signature on this form is an acknowledgement that I have read this Release of Liability and know and understand its contents.

California Department of Food and Agriculture Fee is \$5 per horse

RIDER/HANDLER INFORMATION – 1 Person Per Form

NAME OF EXHIBITOR _____

EXHIBITOR'S SIGNATURE _____ DATE _____
(PARENT'S REQUIRED IF UNDER 18)

ADDRESS _____

PHONE _____ CFTA MEMBER?: YES NO

MFTHBA MEMBER # _____ AMATEUR CARD?: YES NO

HORSE INFORMATION

HORSE'S NAME _____

REGISTRATION # _____

OWNER'S NAME _____

OWNER'S SIGNATURE _____ DATE _____

ADDRESS _____

PHONE _____ CFTA MEMBER?: YES NO MFTHBA # _____

Classes Entered (list class numbers from Show Schedule)

Total Class Fees _____

Administrative Fee 5.00

California Drug Fee 5.00

Membership: (\$25 Single/\$30 Family) _____

Sponsorship: Class \$15/Full Year \$75 _____

Buckle Sponsor: \$50 _____

Other (T-shirts, Caps) _____

Total Fees (Checks Payable to CFTA) _____

Please attach a copy (front & back) of horse's registration papers if this is horse's first show this year.

Mail Entries to: Sandy Grimes P.O. Box 5191 Sugarloaf, CA 92386