

OPEN HORSE SHOW

PLEASE TYPE OR PRINT CLEARLY

BUCKLES & BBQ/AMADOR COUNTY FAIRGROUNDS & EVENT CENTER26th District Agricultural Association
P.O. Box 9, Plymouth, CA 95669 209-245-6921
/ /**Name of Exhibitor and/or Legal Owner****Telephone****Date of Birth****Age****Mailing Address****City****Zip****E-mail**

Please accept these entries subject to the Rules and Regulations published in the Amador County Fair Exhibitor Book. I understand that my entries will not be accepted until the Release & Waiver on the reverse have been signed. I further understand that all entries are subject to the CDFA Equine Medication Monitoring Program.

Date**Signature of Owner/Agent****Signature of Parent or Guardian (if Exhibitor under 18)**

I certify that these entries are the project of the exhibitor and is eligible to be shown in accordance with the rules of the Amador County Fair and the State of California.

Fair Use Only	Entry No.	Class No.	Name(s) of Rider(s) (List riders name only!!!)	Name of Horse(s) (Attach a copy of horse registration information to entry if necessary)	ENTRY FEES
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				

Fair Use Only Date Paid _____ Receipt No. _____ Exhibitor No. _____	ENTRY FEES \$ _____ DRUG FEES (\$5 per horse) x _____ horses \$ _____ STALL FEES \$ _____ POST ENTRY FEES \$ _____ TOTAL ENTRY FEES \$ _____
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Exhibitor's Entry Schedule must match stall rental. Stalls for horses only.

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (Participant), acknowledge that I have voluntarily applied to participate in the following activities at the 26th District Agricultural Association/Amador County Fairgrounds.

Amador County Fair Horse Show

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THESE RISKS ARE KNOWN OR UNKNOWN.

I VERIFY THIS STATMENT BY PLACING MY INITIALS HERE: _____
PARENT OR GUARDIAN'S INITIALS (IF UNDER 18): _____

As consideration for being permitted by the Amador County Fair, the State of California ("State"), the County of Amador (the "County") and any lessor of the fair premises ("Lessor"), to participate in these activities and use their facilities, I forever release the Fair, the State, the County, the Lessor, any fair affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE FAIR AND MYSELF, THE STATE, THE COUNTY, THE LESSOR AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at _____, California on _____, 20____.

PARTICIPANT/RELEASOR

PARENT OR GUARDIAN

(Signature)

(Signature)

(Address)

(Address)