Release of Liability:

I, (Print Name_____) acknowledge that being around horses and riding horses carries an inherent risk of injury and damage. I AGREE that I choose to participate voluntarily in this competition as an exhibitor, or parent or guardian of a junior. I AM FULLY AWARE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVES SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN AND SUFFERING, AND PROPERTY DAMAGE.

I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY. I KNOWINGLY ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN OF HORSEBACK RIDING, HORSE HANDLING AND OF BEING NEAR HORSES.

I hereby release Nancy DuPont and Castle Rock Arabians, its members, staff, friends, patrons and show management from all liability for any act of negligence or want of ordinary care. In consideration of my being allowed to participate I waive, release and discharge all of the above, their heirs, executors and assigns from any and all claims of liability for injury or damage to myself or my property arising out of participation or visiting the property of Castle Rock Arabians .

I agree that I will indemnify and hold harmless all of the above against all claims, demands and cause of action, including court costs, and actual attorney fees arising from any proceeding or lawsuit brought by or prosecuted for my benefit, in which this release is upheld.

None of the above shall be liable for any damage which may accrue for any cause or as a result of fire, theft, running away, kicking, and state of health, injury to persons or property.

Signature:_____ Date_____

Address_____ City_____ Zip Code:_____

Phone(s)_____

Email_____

If Minor, parent or guardian must complete this section:

I, the undersigned parent or guardian of the above child or children, agree that the terms and conditions of this Release of Liability shall be binding as to damage or injury to my minor arising out of his or her participation. I acknowledge that I have read this release of Liability and know and understand its contents.

Name Printed: _____ Date:_____

Name signed:_____ Phone(s): _____

Address:_____ city:_____ zip:_____

Schooling Show Entry Form

Classes: $10 with Early Registration $11 Day of Event

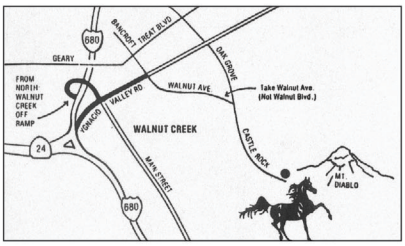
Horse	Rider	Owner	Class	Amount
			Total Amount Paid:	

Make check payable to: Castle Rock Arabians. Full payment must accompany entry.

Office Use Only:

Rider Number _____

Check Number _____



Driving Directions: Drive East on Ygnacio Valley Blvd., turn right on Walnut Ave. and right onto Castle Rock Road. 1350 Castle Rock Road is on the left about 500 feet before Castle Rock Park (the end of the road). Our sign is clearly visible for several hundred yards as you come up the road. Parking is available in the large Castle Rock Park staging area across the street and about 50 feet ahead.

Castle Rock Arabians

1350 Castle Rock Road, Walnut Creek, CA 94598
925-933-3701
www.castlerockarabians.com htrails@astound.net