WY-NOT COWBOY DRESSAGE SCHOOLING SHOW

Triple Crown Equestrian Center 3033 Gladding Rd. Lincoln, California

Show Dates: Saturday & Sunday March 9 & 10, 2024

Signature of Owner		Signature of Rider (if minor, Guardian)		Signature of Trainer		
Printed Name of Owner		Printed Name of Rider		Name of Trainer		
Street Address or P.O. Box of Owner		Street or P.O. Box of Rider		Street or P.O. Box of Trainer		
City, State, and Zip Code		City, State, and Zip Code		City, State and Zip Code		
Area Code and Phone Number		Area Code and Phone Number		Area Code and Phone Number		
E-mail Address Remuda Member #		E-mail Address Junior Date of Birth		E-mail Address		
		ONE ENTRY PER HOF	_			
Breed REGISTERED OR SHOW NA		ME OF HORSE	Sex	Sex Age Color		
DATE	TES	(use # from Class List)		RIDER NA	RIDER NAME	
Saturday - 3/9/24			Rider			
Sunday – 3/10/24			Rider			
	FEES	;		Plac	se Note:	
Class Entry Fee: \$28 per class or \$100 for 4 classes Junior Class Fee: \$17 per class or \$60 for 4 classes Stall fee \$35 / per night : # of stalls RV Spot \$35 / per night : # of nights		# classes x \$28.00 4 classes for \$100.00 # Jr. Classes x 17.00 4 Jr. classes for \$60.00 @ \$35.00 per stall		CLOSING DATE FOR ENTRIES must be POSTMARKED by February 24, 2024 Space is limited		
				Register Early!		
Office Fee per Horse California Drug Fee p Post Entry Fee (after	er Horse (mandatory)		25 14 Make Checks Payable to: Wyatt Paxton 21235 Albatross Way		oss Way	
SPONSORSHIP (Yo	ur donations help!)	help!)		Redding, CA 96003 -		
DECLARE YOUR RIDER STATUS Open Amateur Junior		For more information contact Wyatt Paxton @ (530) 784-8000 Nadine Scott-Paxton @ (530) 33 email Diamond8Ranch@yahoo.		30) 784-8000 or n @ (530) 351-1843 or		
					OU FOR ENTERING* Y THE SHOW!	

NOTES: Complete entry must include signatures on releases/waivers **(CDW, Wy-Not, Triple Crown Equestrian Center)** and full payment. No refund after closing date without vet certificate. Office fees are non-refundable. Entries accepted on a first come-first served basis. Ride times will be emailed before event. Check in at event to receive entry number.

For Cowboy Dressage rules and tests visit: www.cowboydressageworld.com

REMUDA MEMBERS: Scores will count toward Year-End CDW Awards.

CLASS LIST – Schooling Show

	ODENI DIVICIONI		ANAATELID DIVICIONI
	OPEN DIVISION		AMATEUR DIVISION
1	W/J Test 1 - Open	41	W/J Test 1 - Am
2	W/J Test 2 - Open	42	W/J Test 2 - Am
3	W/J Test 3 - Open	43	W/J Test 3 - Am
4	W/J Test of Choice (4, 5, 6) - Open	44	W/J Test of Choice (4, 5, 6) - Am
5	W/J/L Test 1 - Open	45	W/J/L Test 1 - Am
6	W/J/L Test 2 - Open	46	W/J/L Test 2 - Am
7	W/J/L Test 3 - Open	47	W/J/L Test 3 - Am
8	W/J/L Test 4 - Open	48	W/J/L Test 4 - Am
9	W/J/L Test 5 - Open	49	W/J/L Test 5 - Am
10	W/J/L Test 6 – Open	50	W/J/L Test 6 – Am
11	W/J/L Test 7 – Open	51	W/J/L Test 7 – Am
12	Gaited Open Court Test of Choice* - Open	52	Gaited Open Court Test of Choice* - Am
13	Gaited Challenge Test of Choice* - Open	53	Gaited Challenge Test of Choice* - Am
14	W/W Challenge Test 1 - Open	54	W/W Challenge Test 1 - Am
15	W/J Challenge Test 1 - Open	55	W/J Challenge Test 1 - Am
16	W/J Challenge Test 2 - Open	56	W/J Challenge Test 2 - Am
17	W/J Challenge Test 3 - Open	57	W/J Challenge Test 3 - Am
18	W/J Challenge Test 4 - Open	58	W/J Challenge Test 4 - Am
19	W/J/L Challenge Test 1 – Open	59	W/J/L Challenge Test 1 - Am
20	W/J/L Challenge Test 2 – Open	60	W/J/L Challenge Test 2 – Am
21	Vaquero Challenge Test of Choice* - Open	61	Vaquero Challenge Test of Choice* - Am
22	W/W Partnership on the Ground TOC - Open	62	W/W Partnership on the Ground TOC - Am
23	Partnership on the Ground Test 1 - Open	63	Partnership on the Ground Test 1 - Am
24	Partnership on the Ground Test 2 - Open	64	Partnership on the Ground Test 2 – Am
25	W/W Partnership Under Saddle Test 1 - Open	65	W/W Partnership Under Saddle Test 1 - Am
26	Partnership Under Saddle – Open	66	Partnership Under Saddle – Am
27	FREESTYLE - Walk/Jog/Lope - Open	67	FREESTYLE - Walk/Jog - Amateur
		68	FREESTYLE - Walk/Jog/Lope - Amateur
	CLASS LIST – JUNIOR DIVISION		Junior Division Continued
81	W/J Test 1 - Jr	96	W/J Challenge Test 2 - Jr
82	W/J Test 2 - Jr	97	W/J Challenge Test 3 - Jr
83	W/J Test 3 - Jr	98	W/J Challenge Test 4 - Jr
84	W/J Test of Choice (4, 5, 6) - Jr	99	W/J/L Challenge Test 1 - Jr
85	W/J/L Test 1 - Jr	100	W/J/L Challenge Test 2 - Jr
86	W/J/L Test 2 - Jr	101	Vaquero Challenge Test of Choice* - Jr
87	W/J/L Test 3 - Jr	102	W/W Partnership on the Ground TOC- Jr
88	W/J/L Test 4 - Jr	103	Partnership on the Ground – Test 1- Jr
89	W/J/L Test 5 - Jr	104	Partnership on the Ground – Test 2 – Jr
90	W/J/L Test 6 - Jr	105	W/W Partnership Under Saddle Test 1 - Jr
91	W/J/L Test 7 - Jr	106	Partnership Under Saddle - Jr
92	Gaited Open Court Test of Choice* - Jr	107	FREESTYLE - Walk/Jog - Junior
93	Gaited Challenge Test of Choice* - Jr	108	FREESTYLE - Walk/Jog/Lope - Junior
94	W/W Challenge Test 1 Jr		
95	W/J Challenge Test 1 - Jr	120	LEAD LINE (7 and under)
			-

Wyatt Paxton/ Wy-Not CD Release of Liability

Please read carefully and initial each par	agraph as you approv	ve it.
I, ar realize that placing my children or myse	n fully aware and full If in a stable's enviror	ly understand that all horses are unpredictable and dangerous. I nment is creating a hazardous situation. Initial
I understand that riding horses or ponie time. I understand that death of people		rt. I am aware that riders must expect to be injured from time to cidents is possible. Initial
I realize that professional instruction car ponies. Initial	nnot prevent serious	injury or death from working around, handling, or riding horses and
I understand that jumping horses or por is possible. Initial	nies is a particularly d	dangerous activity and that serious injury or death of riders or horse
I am aware that serious injury or death o	of my mount is possik	ble when it is handled, trained, or in a lesson. Initial
I release Wyatt Paxton/Wy-Not CD, its of death of my children, my animals, or my		employees from all liability for damage to my property, injuries or
children, my animals, and myself in case	e of an accident. They	iates, have my permission to initiate emergency first aid for my y also have my permission to authorize emergency medical myself, and veterinary treatment by qualified veterinary personnel
for fully informing the guest of all risks r	related to the handlin	may have on the property. I understand that I am fully responsible ng or riding of horses. I understand that I am fully responsible for ts, and for determining that the guest is sufficiently experienced to
I have carefully read each paragraph list	ed above and unders	stand its contents.
Name (print)		_
Signature		_ Dated
Street Address		
		Zip code
Phones (H)	(W)	
Emergency Contact		Phone
Witness Signature		Dated
Name (print)		

Cowboy Dressage® World Release

Upon entering a Cowboy Dressage® World Show and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider or Handler, and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules and the local rules of the competition. I agree to be bound by the Bylaws and Rules and the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) and/or the competition may use or assign photographs, videos, audios, cablecasts, or other likenesses of my horse and/or myself taken during the course of the competition for the promotion, coverage or benefit of the competition, sport or the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Rules are governed by the laws of the State of California, and any action instituted against COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) must be filed in Sacramento County Superior Court, California.

I have read the Cowboy Dressage® Competition Rules _____Yes ____Nowww.cowboydressageworld.com

minor)

COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER Release, Assumption of Risk, Waiver and Indemnification. *This document waives important legal rights. Read carefully before signing.*

I AGREE in consideration for my participation in this competition, COWBOY DRESSAGE® WORLD SHOW to the following: I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I AGREE to release the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) and the Competition from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYNRINGROSE MOE, AND GARN WALKER) or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER), or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) and the Competition and to hold them harmless with respect to claims of Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. I have read the COWBOY DRESSAGE® Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty (riders age 17and under are required to wear protective head gear while mounted on show grounds) and I acknowledge that the COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE-MOE, AND GARN WALKER) strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all the obligations of this Release on the child's behalf. I AGREE that "the" COWBOY DRESSAGE® WORLD AND PARTNERS (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable COWBOY DRESSAGE® WORLD LLC (DEBBIE AND EITAN BETH-HALACHMY, LYN RINGROSE MOE, AND GARN WALKER) Rules and all terms and provisions of this entry blank.

Rider(mandatory)		
Signature of Rider	_	
	Emergency Contact Name:	-
Owner (mandatory)	_	
Signature of Owner	Phone Number:	
Parent/Guardian Signature: (Required if Rider/Handler is a	_	

Triple Crown Equestrian Center, Inc.

VOLUNTARY RELEASE AND INDEMNITY AGREEMENT

1.	Voluntary Participation. I, (Participant's name, and Parent/Guardian's name, if applicable)				
1.	acknowledge that I have voluntarily applied to participate in horseback riding and training which shall also include from time to time, handling, grooming jumping, boarding, ice therapy chamber and other activities offered by Triple Crown Equestrian Center, Inc.				
2.	Assumption of Risk. I UNDERSTAND THAT HORSES/PONIES ARE UNPREDICTABLE AND DANGEROUS, THAT HORSEBACK RIDIN AND BOARDING MAY BE A HAZARDOUS ACTIVITY, AND THAT THERE IS INHERENT DANGER TO ME, MY HORSE, AND MEQUIPMENT INVOLVED IN THAT ACTIVITY. I HAVE INSPECTED THE AREA WHERE THE HORSEBACK RIDING AND BOARDIN WILL BE CONDUCTED. I AM ALSO AWARE OF THE RISK OF PLACING MY HORSE INTO THE ICE WATER THERAPY CHAMBE (IF APPLICABLE) AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH THE KNOWLEDGE OF THE DANGE INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY, OR DEATH, AND VERIFY THE STATEMENT WITH MY INITIALS BELOW. (Participant, Parent, or Legal Guardian's initials)				
3.	Protective Headgear Assumption of Risk: I understand and agree that I, for myself, and on behalf of my child and/or legal ward, have been adv Triple Crown Equestrian Center, Inc. makes it mandatory that all horse handlers and riders wear protective headgear while riding and being near and I do understand that the wearing of such headgear at these times may reduce the severity of some of the wearer's head injuries and possibly provided wearers death from happening as the result of a fall and other occurrences. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAINJURY, OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:				
	(Participant, Parent, or Legal Guardian's initials)				
4.	No Representations or Warranties. I acknowledge that Triple Crown Equestrian Center, Inc., nor any of their affiliates, employees, principals, or agents hat made, or is making, any representations, warranties, or guarantees with respect to any training provided to me. I thereby waive all remedies, warranties guaranties, or liabilities, express or implied, with respect to any training provided to me, arising by law or otherwise.				
5.	Release, Discharge, and Covenant Not to Sue. As consideration for being permitted by Triple Crown Equestrian Center, Inc., to participate in these activities, I, on behalf of myself and my heirs, executors, administrators, and assigns, hereby release Triple Crown Equestrian Center, Inc., their affiliates employees, principals and agents, and any owners or provider of facilities at which or with which such training is conducted (all referred to as "releasees" from any and all actions, claims, demands, and liability now or at any time hereafter arising out of my participation in horseback riding or training and/o an horseback related activity, including the use of equestrian equipment. I hereby agree that I, my heirs, executors, administrators, and assigns, will no make a claim against, sue, or attach the property of any of the releasees for any injury, death, damages, or property damage (including any injury to my horse) resulting from or arising out of any acts or omissions of releasees, including without limitation any negligence, of releasees.				
6.	<u>Indemnity Agreement.</u> I further agree that I will defend, indemnify, and hold harmless Triple Crown Equestrian Center, Inc., and their respective affiliate employees, principals, and agents, against all actions, claims, demands, and liabilities (including court costs and attorney's fees) related to any injury, deat damages, or property damage resulting from or arising out of my participation in horseback riding and/or training.				
	(Participant, Parent, or Legal Guardian's initials)				
IS.	AVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT I A RELEASE OF ALL CLAIMS. I ASSUME ALL RISKS RELATED TO MY PARTICIPATION IN THE HORSEBACK RIDING AND TRAINING. VE EXECUTED THIS RELEASE VOLUNTARILY, EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.				
Exe	ecuted in California, on, 20 Name:				
	Address:				
	Phone:				
	(Signature of Participant, Parent or Legal Guardian)				
PA	RTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENT OR LEGAL GUARDIAN:				
I ha risl Ind dea Equ her	, am the parent or legal guardian of				
Exe	ecuted in California, on				
	(Signature of Parent or Legal Guardian)				