



www.camelotequestrianpark.com

2017 Camelot Dressage Show Series

April 22-23 ■ May 20-21 ■ September 16-17

AGAIN THIS YEAR! Trainer Incentive Award: Must be listed as trainer/coach on entry blank.

Must attend all of the 3 shows. Based on the trainer/coach who brings the most entered and competing horses for the show series. This can include horses that may be owned or shown by the trainer/coach. The winning trainer/coach will receive a 2018 Camelot Equestrian Park Season Pass! The pass allows you unlimited use of all Camelot facilities including schooling and camping. The season pass will NOT apply to facility fee/office fees/grounds fees/overnight fees associated with an Entry in the CEPF shows or scheduled CEPF events/activities

Camelot Equestrian Park ■ 1985 Clark Road ■ Butte Valley, CA 95965

■ Clinics are optional. You do not have to participate in Clinics to participate in Shows ■

Judges:

Jiji Mellon	Clinic April 22—Show April 23, 2017
Jennette Scanlon	Clinic May 20—Show May 21, 2017
Colleen Reid	Clinic Sept 16—Show Sept 17, 2017
	Rain Date for Spring—August 12-13

Judging and Dress to comply with USEF Rules

Show Time: 8:00 A.M. to 5:30 P.M.

Ride Times:

Available after closing date at:

<http://www.camelotequestrianpark.com/events%20rider%20info.htm>
(link to www.startboxscoring.com) Ride times will not be mailed.

Closing Dates:

Entries/Fees must be **RECEIVED** no later than 6 days prior to show date. Late entries may be accepted if undersubscribed; late fee of \$10 must accompany late entry.

April 23, 2017 Show closes **April 17, 2017** at 5:00 P.M.

May 21, 2017 Show closes **May 15, 2017** at 5:00 P.M.

Sept 17, 2016 Show closes **Sept 11, 2016** at 5:00 P.M..

Fees:

\$30.00/class, maximum three classes per horse, no class maximum per rider. **\$17.00 Drug/Office fee** per entry. Western Dressage CAWDA High Point Fee **\$2.00**. Late, incomplete, or Entries without payment \$10 fee. (Make sure to include DOB and designate Am/Jr/O status.) Refunds if with-drawn before closing date. **NO REFUNDS AFTER CLOSING DATE**. Optional Ride with the Judge Clinic Fee **\$100**. Camping and Stabling available on grounds with access to the 1,600 acres of Camelot. \$25.00 per night per box stall, \$20.00 per night pipe stall, \$20.00 per day schooling. **No schooling fee due on Clinic or Show day for horses entered in Clinic or Show!**

Ride with the Judge the Day before the Show!

Clinic is open to everyone, you do not have to participate in the show to participate in the clinic.

Clinic and Competitor Party following the Clinic! Join the Judge for Pizza and Conversation.

Clinics will fill fast, sign up early to reserve your spot.

Class List (Specify Tests of Choice on Entry):

- 2015 USDF Intro Test A, B and C
- 2015 USEF Training through Fourth Levels
- FEI
- Western Dressage Intro through Level 3
- Eventing

2015 USDF Intro Tests, Intro and Basic Western Dressage Tests, and BN thru Prelim Eventing Tests will be held in 20m x 40m Court. All other Tests will be in Standard 20m x 60m Court.

Awards for Each Show:

Ribbons through 5th Place
Prizes for 1st Place in each class

2017 Camelot Dressage Series High Point Awards to Amateur, Junior/YR, and Open Divisions: High Point Awards Ceremony will be held at the 10th Annual Camelot Equestrian Park Ride and Dine on October 15, 2017.

- Personalized Embroidered Cooler!
- Neck Ribbon!

To qualify for the 2017 Series High Point Award, a horse/rider combination must attend all of the 3 shows in the Series. We will use your scores from all 3 shows to calculate the average. The horse/rider with the highest average score will be awarded High Point in each of the following divisions: **Amateur, Junior/YR, and Open** You must designate your DOB and division on the Entry to be eligible! Divisions are defined per USEF guidelines. All test and levels are eligible.

Questions? Call Terrie Douglas 530-342-3577 (or 408-569-9305 on show day.)

Dogs are welcome at Camelot but must be leashed during Show and Clinic.

More Clinic information:

<http://www.camelotequestrianpark.com/events%20rider%20info.htm>

Entry Form

2016 Camelot Dressage Show Series

Show Organizer: Terrie Douglas 530-342-3577 or (408-569-9305 Day of Show)

Email: terriedouglas24@gmail.com

Mail Completed Entries with Fees and Signed Release Form to: Terrie Douglas P.O. Box 66 Vina, CA 96092-0066

Date of Clinic: April 22 May 20 Sept 16 (Check appropriate box if attending Clinic)

Date of Show: April 23 May 21 Sept 17 (Check appropriate box)

Rider Information

Name:
Address:
City:
State: Zip:
Phone: Cell:
Email:
DOB _____ <input type="checkbox"/> Amateur <input type="checkbox"/> Junior/YR <input type="checkbox"/> Open (Check appropriate box)

Horse Information

Name:
Breed:
Sex: Age:
Color:
One rider/one horse pair per Show entry. Use separate Entry Form for multiple horses.

Horse Owner Information Check here if same as Rider.

Name:
Address:
City:
State: Zip:
Phone: Cell:
Email:

Trainer/Guardian (Responsible for horse) Check here if same as Rider.

Name:
Address:
City:
State: Zip:
Phone: Cell:
Email:

Emergency Contact Name and Phone: _____

Stable with: _____

Specify Class(es) of Choice **English** **Western** (Check appropriate box)

Level/Test #	Class Description

Fees

Total Class Fees	Specify # of classes:	x \$30 =	
Ride with the Judge Clinic (optional)	\$100		
Clinic Participant/Competitor Party (optional)	\$10 per person		
CAWDA High Point Fee to Participate (optional)	(Western Only) add \$3.00		
Drug/Office Fee	Mandatory for Show Participants Only		\$17.00
Late Fee (\$10)			
Overnight Box Stall	Specify # of stalls:	x \$25 x # of nights =	
Overnight 12 x 24 Pipe Stalls	Specify # of stalls:	x \$20 x # of nights =	
Shavings	Specify # of bags:	x \$10 =	
Grounds fee (non show/clinic day and/or additional horses)	Specify # of horses:	x \$20 x # of days =	
Sponsor Class(es)	Specify # of Classes sponsored:	x \$25 =	
Tax Deductible Contribution toward Covered Arena	Specify Amount you wish to Donate		
Total Fees Enclosed with this Entry (Make Checks payable to CEPF)			

Pizza Party Preference

- Pepperoni
- Veggie

Don't Forget to Include Your Signed Release!



Participant Hold Harmless Agreement

Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

THE UNDERSIGNED STATES AS FOLLOWS:

(A parent or legal guardian must sign if the participant is under the age of 18.)

I, The Participant, Parent or Legal Guardian of the participant acknowledge that competitive equine events contain inherent risks of personal injury, injury to supplies, and to equipment. Knowing these facts, I nevertheless, in consideration of your acceptance of this form, hereby for myself, my family members and/or legal wards, heirs, executors, and administrators in any way connected with the event, property, boarding, lessons, sales, or any other activity described herein, their representatives, heirs, executors, administrators, and assignees release, indemnify, and hold harmless Camelot Equestrian Park from any liability for damages or for any and all injuries that might be sustained by me, my family members and/or legal wards, including injuries to my employees and/or personal property or from any and all claims of any kind or nature that I, my family members and/or legal wards might have as a result of, or arising out of participation in any activity on the premises. Further, I hold harmless Camelot Equestrian Park for any sales, services, or representations for the duration of my stay upon the premises.

Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation, caused by my own act, or anyone, or any animal within my control. I further agree that I will defend, indemnify, and hold harmless Camelot Equestrian Park, its owners, officers, directors, members and agents any and all of them against all claims, demands and causes of action including court costs and attorney fees directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature whatsoever, whether known or unknown, and expressly waive any benefits I may have, Section 1542 of the California Civil Code relating to the release of unknown claims.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the
initial participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, should purchase and wear ASTM-standard/SEI-certified
initial equestrian helmets while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants head injuries in the event of a fall or other related accident.

_____ I acknowledge that I, The Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries
initial or property damage I or my family may incur and, I acknowledge that I, the Participant, Parent or Legal Guardian, et al, hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal.

MINORS (UNDER 18) MUST HAVE THEIR PARENT OR LEGAL GUARDIAN SIGN THIS AGREEMENT.

I do acknowledge that I have read the foregoing Agreement, and know, and understand, and agree to the content thereof.

Participant's Signature _____ Print name _____

I, the parent or legal guardian of _____, for and in consideration of my child or ward's participation at Camelot Equestrian Park, state that I have read, and understand, and agree to all the terms and conditions of this Agreement.

I further warrant that I have health and accident insurance on said minor.

Signature _____ Print name _____

Executed on this _____ day of _____, 20__.