



2018 Camelot Dressage Show

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

- May 5 Optional Clinic
- May 6 Show

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 Date:

Entries/Fees must be **RECEIVED** no later than 8 days prior to show date—
April 28, 2018

Late entries may be accepted if undersubscribed; late fee of \$10 must accompany late entry.

Fees:

\$30.00/class, maximum three classes per horse, no class maximum per rider. \$15.00 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 Refunds if withdrawn before closing date.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!**

- Judge: Kalli Bowles

Judging and Dress to comply with USEF Rules

Class List (Specify Tests of Choice on Entry):

- 2015 USDF Intro Test A, B and C
- 2015 USEF Training through Fourth Levels
- FEI or Freestyle
- 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:

Ribbons through 5th Place
Prizes for 1st Place in each class
Prizes for High Score each of these levels: Intro, Training, 1st, and 2nd levels
Prize for High Score among this group of levels: 3rd Level–FEI, Freestyle, Western and Eventing

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.

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

2018 Camelot Dressage Show

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

Email: terriedouglas24@gmail.com

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

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__.