



WOODLAND STALLION STATION  
SAHJA HUNTER/JUMPER SHOW

One Horse and Rider/Handler combination per entry form. PRINT LEGIBLY

ENTRY NUMBER
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RIDER NAME			PHONE			EMAIL		
HORSE NAME								
MAILING ADDRESS				CITY			STATE	ZIP
SAHJA MEMBER YES..... NO.....			MEMBER #					
CLASSES ENTERED			ADDITIONS OR DELETIONS ALLOWED ONLY WITH AN OPEN CHECK					



**SHOW FEES:**

Total Classes: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

SAHJA Fee \$2 \$ 2.00

CDFA DRUG TESTING FEE \$ 5.00

Stall Fees (call for availability) \$ \_\_\_\_\_

**TOTAL SHOW FEES:** \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

CLASSES	CLASS# _____	\$ _____	PAID	CLASS# _____	\$ _____	PAID
ADDED	CLASS# _____	\$ _____	PAID	CLASS# _____	\$ _____	PAID

PAYMENT INFORMATION OTHER \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ ( ) OPEN CHECK

WOODLAND STALLION STATION  
RELEASE OF LIABILITY

PARTICIPANT: \_\_\_\_\_  
PHONE/Cell# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
STATE: \_\_\_\_\_

I acknowledge I am attending and/ or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/ or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless Woodland Stallion Station or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of Woodland Stallion Station or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by Woodland Stallion Station, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation; this is binding upon my executors, heirs and assigns.

( ) I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for Woodland Stallion Station events.

( ) I, the undersigned parent or guardian of the above minor participant in consideration of my minor's attendance/ participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for Woodland Stallion Station events. This shall be binding as to damage or injury to my minor, his/her animals or property arising out of his/her attendance/participation in events.

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_