

# White Rose Equestrian Schooling Dressage Show Entry

Spring 2019

(one form per horse rider combination)

Rider's Name: \_\_\_\_\_ Jr./Sr. \_\_\_ Age if under 18: \_\_\_

Amateur/Professional \_\_\_\_\_ Date of Event: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Horse/Pony's Name: \_\_\_\_\_

## Entry Fee - \$25 per class

Tests to be ridden: \_\_\_\_\_ Cost: \_\_\_\_\_

Walk Only  Amount \$15 Cost: \_\_\_\_\_

(Anyone entering Walk Only may not enter any other classes)

Current Coggins attached with this entry

Total Amount Enclosed: \$ \_\_\_\_\_

All entrants participant at their own risk and must complete an Equine Activities Waiver. This form can be found on our website at [www.whiteroseequestrian.com/forms](http://www.whiteroseequestrian.com/forms) or completed on the day of the event.

**In the event of an emergency:** By signing this form I understand that horseback riding and equestrian related activities can be dangerous. I hereby give permission that I, or my minor child/charge, may be administered first aid by any representative of White Rose Equestrian should the need arise. I also give permission that I, or my minor child/charge, may be transported to a hospital chosen by any White Rose Equestrian representative, treated by a medical professional, given injections, medication, and/or anesthesia and/or surgery as deemed necessary. I agree to be responsible for any cost that may occur as a result of being treated for any medical condition.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's signature if participant is a minor)

All forms must be signed and include total payment and current Coggins to be valid. Make checks payable to: White Rose Equestrian and mailed to 1966 Magnolia Grove Road, Iron Station, NC 28080. Entries must be received one week prior to the event.

For more information visit: <http://whiteroseequestrian.com/schooling-dressage/> or call 704-559-9122