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| --- | --- |
| Horse # | EB # |
| Rec’d By: | CogginsRec’d |

 

2021 EAU CLAIRE BIT & SPUR FOUNDATION

**SUNDAY ENGLISH/WESTERN PLEASURE SHOW**

**Show Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Entry Office Hours: Friday 6:00 – 8:00 pm; Sat & Sun 7:00 am**

**One Rider - One Horse per Entry Form**

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**Rider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rider’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Horse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle Rider’s Age Group: W/T 13 & Under W/T 14 & Over 10 & Under 11–13 14-17 18-34 35-49 50+**

**Please Note: W/T Horses cannot enter 3-Gaited classes in the same show**

Circle classes to be entered. Please make your entry at least 3 classes ahead of your classes.

**1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24**

**25 26 27 28 29 30 31 32 33 34 35** (Lunch) **36 37 38 39 40 41** **42 43 44 45**

**46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67**

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| **◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ ◄ OFFICE USE ONLY ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ►** |
| **Office Fee $5 per number (Office fee waived for Bit & Spur Members)** | **$** | **Member \_\_\_Yes \_\_\_ No** |
| **Regular Class Fee \_\_\_\_\_\_\_\_\_\_ x $4** | **$** |  |
| **Jackpot Class Fee @ $10** | **$** |  |
| **Weekend Stall Fee: $35/Stall x \_\_\_\_\_\_Horse \_\_\_\_\_\_Tack****Stall Deposit per Stall - Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt $\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$** | **Stall # Assign at Barn #\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Daily Stall Fee: $20/stall x \_\_\_\_\_\_Horse \_\_\_\_\_\_Tack****Stall Deposit per Stall – Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt $\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$** | **PAYMENT METHOD****Cash Amt $\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_** |
| **Overnight Pen Fee @ $20** | **$** | **Check #\_\_\_\_\_\_\_\_\_\_\_ Amt\_\_\_\_\_\_\_\_\_\_\_** |
| **Camper Hookup: $35/hookup x \_\_\_\_\_\_\_\_\_ (quantity)** | **$** | **Open Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Shavings: $7/bag x \_\_\_\_\_\_\_\_\_\_ (number of bags)** | **$** | **Covers Entry Numbers: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Additional Expenses** | **$** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SUB TOTAL** | **$** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Added classes: \_\_\_\_\_\_\_\_\_\_classes x $4 or Jackpot @ $10** | **$** |  |
| *(One-day open checks only) No Refunds issued.* **GRAND TOTAL** |  | **Computer Processed by:\_\_\_\_\_\_\_\_\_\_\_** |

**HARD HAT/HORSEBACK RIDING RELEAVE WAIVER -** Initialed on Back\_\_\_\_\_\_\_

I have read the Eau Claire Bit & Spur Foundation Release Waiver on the back of this form and understand the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, spectator and property as noted in that document and as defined in Sec 895.481E of the Wisconsin Inherent Statutes.

|  |  |  |  |
| --- | --- | --- | --- |
| **RIDER NAME**  | **Print Name** | **Signature****X** | **Date:** |
| **PARENT / GUARDIAN CONSENT**(Required if Rider is a Minor) | **Print Parent / Guardian Name** | **Parent / Guardian Signature****X** | **Date:** |

**Hard Hat / Horseback Riding Release Waiver**

It is statistically clear that there are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injuries should the rider fall or be thrown from his/her horse. It is therefore the policy of the Eau Claire Bit & Spur Foundation, its members and directors, that safety helmets should beworn at all times when riders are mounted.

I, (initial) being fully aware of that policy and the reasons for it, choose of my own free will, not to wear a safety riding helmet. In taking this action, I hold Eau Claire Bit & Spur Foundation, its members and directors, and their insurers, free of any liabilities for injuries that I may receive as a result of my actions and failure to wear a safety riding helmet.

**\*\*NOTICE:** A person who is engaged for compensation in the rental of equine equipment or tack or in the instruction of a person riding or driving of an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes.

I hereby have entered this Horse Show/Clinic at my own risk, subject to all rules and regulations at this event. I further agree in case of injury or damage to myself, persons, horses, or property, Eau Claire Bit & Spur Foundation, its members and directors. I also understand that the use of riding helmets is recommended.

In addition, the undersigned**\*\*** assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, spectator, and property.

In consideration, therefore, for the privilege of riding, and/or working around horses on the Eau Claire Bit & Spur Foundation show grounds, located in Eau Claire, Wisconsin, the undersigned\*\* does hereby agree to hold harmless and indemnify the Eau Claire Bit & Spur Foundation, their agents, and assignees, and further release them from any liability or responsibility for accident, damage, injury, or illness to the undersigned**\*\*** or to any horse owned by the undersigned**\*\*** or to any family members or spectators accompanying the undersigned**\*\*** on the premises.

“Inherent risks of equine activities” shall mean: those dangers or conditions, which are an integral part of equine activities, including, but not limited to:

* The propensity of any equine to behave in ways that may result in injury, harm or death to a person(s) on or around them and/or damage to property in their vicinity;
* The unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals;
* Certain hazards such as surface and subsurface objects;
* Collisions with other equines, animals, people and objects;
* The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

**\*\***Signature on front of Entry form

Word/BS Entry/2021