OUTREACH

River City Classic May 9-12, 2024

Mail entries to: RCEE PO Box 243, Davis, CA 95617 Entries due May 1, 2024

We strongly encourage entering online at www.horseshowtime.com

Horse Name	L	JSHJA#		Fees due with entry	FEDERATION ENT
Breed: Color: Ag	ge: Sex: Height:			Stalls \$300 x = \$	ENTRY AGREEMENT - Release, Assumption of R document waives important legal rights. Read if consideration for my participation in this Comp
Microchip				Nominating Fee \$ 100	"Competition" as used herein includes the USH all of their officials, officers, directors, employe affiliates. I AGREE that I choose to participate vi
Owner Name	L	JSHJA			a rider, handler, longeur, lessee, owner, agent, junior exhibitor. I am fully aware and acknowler involve inherent dangerous risks of accident, lo
Address				Additional required fees charged at show: USHJA Outreach Fee \$3,	bones, head injuries, trauma, pain, suffering, or and release the USHJA and the Competition fro for any Harm to me or my horse and for any Har
City	State Zip			CDFA Fee \$14	others, even if the Harm arises or results, direc USHJA or the Competition. I AGREE to express
Email Address	L	JS Citizen		Additional fees that may be charged: Late Fee:\$50	including Harm resulting from the negligence o indemnify (that is, to pay any losses, damages, Competition and to hold them harmless with re
Phone					and for claims made by others for any Harm ca Competition. I understand that I am entitled to and I acknowledge that the USHJA strongly enc
Trainer Name	L	JSHJA		Checks payable to RCEE or input Credit Card	protective equipment can guard against all inju exhibitor, I consent to the child's participation AGREE to assume all of the obligations of this F
Address				Name on card	have the requisite training, coaching and abiliti
City	State Zip			Card Number	By signing below as owner, agent, rider, handle guardian of a minor, I am fully aware and ackno involve inherent dangerous risks of accident, lo
Email Address	L	JS Citizen		Expiration Date CVC	bones, head injuries, trauma, pain, suffering ar to release the competition from all claims for m me or my horse and for any Harm caused by me
Phone				Billing Zip Code	resulted directly or indirectly from the negligen parent or guardian of a junior exhibitor, I conse the above provisions and agree to assume all o
Rider 1 Name	L	JSHJA		Rider 1 Classes	behalf. I agree that the term "competition" as u horse show, River City Equestrian Events, its of contractors, agents, personnel, volunteers and
Address					(Murieta Equestrian Center).
City	State Zip				REQUIRED S
Email Address	L	JS Citizen			
Phone					Trainer: Print:
Rider 2 Name	L	JSHJA		Rider 2 Classes	
Address					Owner: Print:
City	State Zip L	JS Citizen			FTINC.
Email Address					Rider 1:
Phone					Print:
Emergency Contact (during the show (Name		Phone		015	Rider 2:
				Office use only	Print:
	NOTE: Horses competing in both the ra	ated show and the]	Deposit Amt:	Coach (if applicable):
	Outreach show must complete both en			Deposit Allit.	Print:
				Check # or CC Transaction#	



RY AGREEMENT

isk, Waiver, and Indemnification. This t carefully before signing. I AGREE in etition to the following: I AGREE that the IJA and Competition Management, as well as es, agents, personnel, volunteers and oluntarily in the Competition with my horse, as coach, trainer, or as parent or guardian of a ige that horse sports and the Competition ss, and serious bodily injury including broken r death. ("Harm"). I AGREE to hold harmless m all claims for money damages or otherwise m of any nature caused by me or my horse to tly or indirectly, from the negligence of the assume all risks of Harm to me or my horse, f the USHJA or the Competition. I AGREE to or costs incurred by) the USHJA and the spect to claims for Harm to me or my horse, used by me or my horse while at the wear protective equipment without penalty, ourages me to do so while WARNING that no ries. If I am a parent or guardian of a junior and AGREE to all of the above provisions and Release on the child's behalf I represent that I es to safely compete in this competition

r, lessee, trainer, coach or as parent or adult wledge that horse sports and competitions oss, and serious bodily injury including broken d/or death ("Harm"). By signing below, I agree noney damages or otherwise for any Harm to e or my horse to others, even if the Harm ce of the competition. If I am signing as a nt to the child's participation and agree to all of f the obligations of this release on the child's sed above includes, but is not limited to, the ficials, officers, directors, employees, affiliated organizations, as well as the facility

IGNATURES

Trainer:	
Print:	
Rider 1:	
Print:	
Rider 2:	
Print:	
Coach (if applicable): _	
Print:	