Office Use Only



WESTERN

Mail: 11127 Orcas Ave, Lake View Terrace, CA 91342 • Email:show@goldcoasthorseshows.com • Entries Due 10 Days Before Show

						Fees Due With This Entry	By signing below as owner, agent, rider, handler,	
Horse's Name:						Registration Fees	lessee, trainer, coach or as parent or adult guard of a minor, I am fully aware and acknowledge tha	
Breed:	Color:	Age:	Sex:	Heigh	t:	horse sports and competitions involve inher		
Owner's Name:							dangerous risks of accident, loss and serious bod injury including broken bones, head injuries,	
Address:						Trailer In/ Ride On	trauma, pain, suffering and/or death ("Harm"). By signing below, I agree to release the competition	
City:		State: Zip:		US Ci	US Citizen: [] Yes [] No	days @ \$25/day Stall Fee	from all claims for money damages or otherwise	
SSN or Fed Tax ID # (for prize money): Phone:					ə:	☐ Thurs-Sun - \$190 ☐ Fri-Sun - \$150	any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the	
Email Address:				·		Drug & Medications Fees	Harm resulted directly or indirectly from the negligence of the competition. If I am signing as a	
Trainer's Name: Barn / Farm Name:						☐ CDFA - \$14 Earth Rider Environment Fee ☐ \$10/horse	parent or guardian of a junior exhibitor, I consent the child's participation and agree to all of the above provisions and agree to assume all of the	
Address:								
City:		State:	Zip:	US Ci	US Citizen: [] Yes [] No	Total Due: \$ Please make checks payable to :	obligations of this release on the child's behalf. I agree that the term "competition" as used above	
Email Address:						Game 7 To pay by credit card: www.goldcoasthorseshows.com Classes For Rider 1	includes, but is not limited to, the horse show, LE Shows and Events, Langer Equestrian Group, it officials, officers, directors, employees, contractor agents, personnel, volunteers and affiliated organizations, as well as the facility (Hansen Da Horse Park). By signing below I also agree to the release on the back of this page.	
Phone:								
Rider 1 Name:								
Address:								
City:		State:	Zip:	US Ci	tizen: [] Yes [] No]	Owner Signature:	
Email Address:								
Phone:							Trainer Signature:	
Rider 2 Name:						Classes For Rider 2	-	
Address:							Rider 1 Signature:	
City:		State:	Zip:	US Ci	tizen: [] Yes [] No			
Email Address:							Rider 2 Signature:	
Phone:							_	
Emergency Contact (during the show) - Name: Phone: ()					Phone: ()	Other Possible Fees Due At The Show	_	
Address:						CA Drug @ \$14	Parent / Adult Guardian Sign & Print Name (if any riders are minors	
City:		State:	Zip:				Signature:	
Prize Money Paye	ee (if other than owner):					Office Use Only	_	
SSN or Fed Tax ID #:						Entry Postmarked//	Print Name:	
						Amount Received: \$		

Check #:_____ CC :____