

**ONLY ONE (1) OWNER PER FORM**

OWNER	
Print Name of Legal Owner (Signature on Back)	
Street or P.O. Box of Owner or Agent	
City	State Zip
Phone No. of Owner	Owner Email Address
ASHBA #	
AMHA #	UPHA #

**The Silicon Valley Horse Show  
May 11-14, 2023**

**EQUINE SPORTS COUNCIL  
COMPETITION**  
Pleasanton Equestrian Center Alameda  
County Fairgrounds  
Pleasanton, CA 94566  
**COMPLETE BOTH SIDES OF  
THIS FORM**  
**OR ENTER ONLINE AT**  
[www.horseshowsonline.com](http://www.horseshowsonline.com)

**For more details go to:**  
[www.siliconvalleyhorseshow.com](http://www.siliconvalleyhorseshow.com)

**ENTRIES CLOSE MAY 1**

TRAINER	
Print Trainer's Name (Signature on Back)	
Street or P.O. Box of Trainer	
City	State Zip
Phone No. of Trainer	Trainer Email Address
ASHBA #	
AMHA #	UPHA #

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	DESCRIPTION		BREED REG # &	RIDER, DRIVER OR HANDLER and BREED #
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:		
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:		
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:		
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:		

**MAKE ALL CHECKS PAYABLE TO:**

**Silicon Valley Horse Show -  
NCASHA**

**NO ENTRIES ACCEPTED UNLESS  
ACCOMPANIED BY MINIMUM PAYMENT  
FOR STALLS AND HORSE FEES – CHECK OR  
CREDIT CARD  
(VISA, MC, DISCOVER, ONLY)**

**MAIL ENTRIES TO:**

**Lori Nelson  
956 Hill Rd., Paris, KY 40361  
or email: [loriluvshorses@yahoo.com](mailto:loriluvshorses@yahoo.com)**

**\*\*\*DO NOT SEND ENTRIES BY  
SIGNATURE REQUIRED DELIVERY**

**Stable With:** \_\_\_\_\_

ENTRY FEES ..... \$ \_\_\_\_\_  
OFFICE FEES (PER HORSE)..... ( ) x \$ 40 \$ \_\_\_\_\_  
STALLS, (Jockey rooms are also charged this fee)..... ( ) x \$200 \$ \_\_\_\_\_  
SHAVINGS (PER BALE)..... ( ) x \$ TBD \$ \_\_\_\_\_  
HAY-GRASS/ALFALFA (PER BALE)..... ( ) x \$ TBD \$ \_\_\_\_\_  
HAY-ALFALFA (PER BALE)..... ( ) x \$ TBD \$ \_\_\_\_\_  
HORSES SHOWING OFF TRAILERS..... ( ) x \$ 50 \$ \_\_\_\_\_  
CALIFORNIA DRUG FEE (PER HORSE)..... ( ) x \$ 8 \$ \_\_\_\_\_  
VIP TABLE (8 seats)..... ( ) x \$800 \$ \_\_\_\_\_  
\$10/PERSON ACCESS FEE..... ( ) x \$10 \$ \_\_\_\_\_  
SPONSORSHIP ..... \$ \_\_\_\_\_  
TOTAL ENCLOSED ..... \$ \_\_\_\_\_

**CREDIT CARD PAYMENT  
INFORMATION**

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Card Number / Type

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Billing Zip Code

\_\_\_\_\_  
3 digit security code

\_\_\_\_\_  
Cardholder's Signature

Note – 4% transaction fee to be applied

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

EVERY ENTRY AT A SHOW AFFILIATED WITH ESC AND RUN UNDER ESC RULES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT THE PERSON MAKING IT, ALONG WITH THE OWNER, LESSEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER AND THE HORSE:

(1) SHALL BE SUBJECT TO THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THAT THE OWNER AND ANY OF HIS REPRESENTATIVES ARE BOUND BY THE SHOW RULES AND WILL ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE FACILITY, ITS EMPLOYEES, THE SHOW, ESC, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE FACILITY, ITS EMPLOYEES, THE SHOW, ESC, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJURY OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR ESC.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Circle all that apply**  
Rider/Driver/Handler/Owner/Agent/Trainer/Coach

**Print Name**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Circle all that apply**  
Rider/Driver/Handler/Owner/Agent/Trainer/Coach

**Print Name**

\_\_\_\_\_

**Signature** \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Circle all that apply**  
Rider/Driver/Handler/Owner/Agent/Trainer/Coach

**Print Name**

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Required** if Rider/Driver/Handler is a minor

**Print Name**

\_\_\_\_\_

**Parent/Guardian**

**Signature** \_\_\_\_\_

Is Rider/Driver a U.S. Citizen?: \_\_\_ Yes \_\_\_ No