

IEO DRESSAGE TEAM COMPETITION ENTRY

TEAM NAME: _____

TEAM LEVEL: _____

RIDER 1: _____

HORSE: _____

ADDRESS: _____

PHONE (day): _____ PHONE (eve): _____

RIDER 2: _____

HORSE: _____

ADDRESS: _____

PHONE (day): _____ PHONE (eve): _____

RIDER 3: _____

HORSE: _____

ADDRESS: _____

PHONE (day): _____ PHONE (eve): _____

Email Address for the Team: _____

Enclose copy of your IEO membership card if you are a member.

In signing this release form, I acknowledge that I am aware that horseback riding is a hazardous sport and that I participate at my own risk. I also agree to wear appropriate headgear at all times when mounted on the show grounds. I agree to hold harmless, Diamond 7 Ranch and Arena, Harmony Hill Farm, Spring Valley Park or the International Equestrian Organization (their members, organizers, and board members) for any damages or injury to horses, persons or property of spectators or riders, whether such damages or injury be caused or alleged to be caused by the negligence of the Club or any of the aforementioned parties, or by the negligence of any other persons, or any cause or causes. It is understood that participants and/or parents may be billed for damages to the show property due to carelessness.

RIDER'S SIGNATURE (parent or guardian if under 21)

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