ESDCTA Entry Form

To be used for ESDCTA recognized dressage shows, combined tests, horse trials, clinics and or schoolings. Only ONE horse per form. Please print clearly. Send this Entry Form to the Secretary listed for the given Activity.

Bridle Number
(office use)

Activity: _____ **Date:** _____
Location: _____

Rider: _____ ESDCTA # _____
Address: _____ ☐ Adult Amateur
_____ ☐ Open
Phone: _____ ☐ Junior - Birthdate _____
Mobile: _____ Email: _____

Horse Name	Breed	Color	Sex	Height	Age

Class #	Class, Division and/or Level	Fee

Warning: Under New Jersey Law, an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities pursuant to PL 1997 c.287(C.5:15-1 et seq).

In consideration for my participation in this ESDCTA sanctioned event, I agree to the following:
I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, and suffering or death ("Harm"). I hereby agree to release, indemnify and hold harmless ESDCTA, its clinicians, officers, show managers, agents, officials and volunteers from and against any and all loss, liability or damage arising from, or because of, or in connection with, participation in this competition or related activities. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all of the obligations of this release on the child's behalf. By signing below, I agree to be bound by all applicable rules and all terms and provisions of this entry.

Rider's Signature _____ Print Rider Name _____

Owner's Signature _____ Print Owner Name _____

Note: Parent/Gurdian must sign below if exhibitor is under age 18

Parent/Guardian Signature _____ Print Parent/Guardian Name _____

Stabling - Special Requests:
Stabling Group _____
Dates _____ To _____
Total # of Stalls Needed _____

Stabling Fees:

# _____	Day Stalls	@	_____	=	0.00
# _____	Overnight Stalls	@	_____	=	0.00
# _____	Tack Stalls	@	_____	=	0.00
# _____	Shavings	@	_____	=	0.00

Total Stabling Fees	0.00
Haul-In Fee for Unstabled Horses	
Entry Fees	0.00
Late Fee	
Office Fee	
Other Fee _____	
_____	
Total Amount Due	0.00

ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE WITH SIGNATURES, FULL PAYMENT OF ALL FEES, AND (WHERE APPLICABLE) PROOF OF NEGATIVE COGGINS