

Santa Cruz Fair Cowhorse Show and Triple Crown

Show starts at 8:00 am beginning with 5 minute schooling rounds @ \$10 per go.

1. Non Pro reining \$35
2. Youth reining \$25
3. Open reining \$35
4. Youth boxing \$65
5. Non pro boxing \$95 *Triple Crown class buckle to winner
6. Cowboy boxing (no reining) \$85
7. Non pro step up boxing \$85
8. Cowboy step up boxing (no reining) \$85
9. Non pro working cow horse \$95 * Triple Crown class buckle to winner
10. Open working cow horse \$95 *Triple Crown class buckle to winner

SANTA CRUZ COUNTY FAIR & HORSE SHOW
Cow Horse Show & Triple Crown
ENTRY FORM
WEDNESDAY, SEPTEMBER 13, 2017
8:00 AM

PLEASE PRINT

EXHIBITOR'S NAME: _____ NAME OF HORSE: _____

REGISTERED OWNER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

Schooling Rounds	\$10
Reining Non Pro Open	\$35
Youth Reining	\$25
Youth Boxing	\$65
Cowboy Boxing (no reining)	\$85
Non Pro Boxing	\$95
Non Pro Step Up Boxing	\$85
Cowboy Step Up Boxing (no reining)	\$85
Working Cow Horse Non Pro Open	\$95
Total Entry Fees	\$ _____
California State Drug Fee (Per Horse)	\$ 5.00
Total Amount Paid	\$ _____

Entry Number (Office Use Only): _____

RELEASE FORM MUST BE COMPLETED AND RETURNED WITH ALL ENTRIES

MAKE CHECKS PAYABLE TO: SANTA CRUZ COUNTY FAIR
SEND ENTRIES TO: Santa Cruz County Fair
2601 East Lake Avenue
Watsonville, CA 95076

Office Use Only:	
Check # _____	Date _____
Cash _____	Date _____

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ ("Participant"), acknowledge that I have voluntarily applied to participate in the following activities at Santa Cruz County Fair ("the Fair"):

Cowhorse Show & Triple Crown

I AM AWARE THAT THE ABOVE-DESCRIBED ACTIVITIES ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.

PARENT OR GUARDIAN'S INITIALS (if under 18) _____.

As consideration for being permitted by the Fair, the County of **Santa Cruz** ("the County") and the State of California to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of the Fair, the County or the State of California or any of their affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any director, employee, agent, or contractor of the Fair, the County or the State of California or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the Fair, the County and the State of California and any of their affiliated organizations from any and all action, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FAIR, THE COUNTY AND THE STATE OF CALIFORNIA AND/OR THEIR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Executed at _____, California on _____, 2017.

PARTICIPANT/RELEASOR:

PARENT OR GUARDIAN

Address: _____

Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.

***Release and Waiver of Liability
Variance to State Rules X-7 and State Rule VII-33
Helmet Use Requirement***

I, _____, am aware of the new state rules X-7 and VII-33, which state the follows:

Junior horse exhibitors in junior horse events or show must wear helmets in mounted or horse-drawn vehicle competition.

By signing this Release and Waiver of Liability I am seeking a variance to the helmet use requirement. I am participating in these activities, without a helmet, with the knowledge of the danger involved and agree to assume any and all risks of bodily injury, death or property damage. I release the Fair, The County and the State of California and any of their affiliated organizations from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representative may have for injury or damage resulting from my participation in the activities of the Santa Cruz County Fair Horse Show without wearing a helmet.

Participant/Releasor:

Date: _____

Parent or Guardian:

Date: _____