



Northern Arizona Chapter
Arizona Dressage Association

NAC of ADA CLINIC Entry Form 2020

Be sure to complete the Waiver attached

Clinic Name: Paula Paglia Dressage Competition Date: Nov

Horse's Name: _____ Breed: _____

DATE		Clinic Name	Fee
November 7 & 8		Audit/ per day	\$35
Paula Paglia	November 7 or 8	Clinic rider/ per ride	\$130
Paula Paglia	November 7 & 8	Lunch (for any attendee)	\$130

Lunch is NOT provided for riders.			\$10
As an auditor or rider, do you want to purchase a box lunch (submarine)? Yes No			
All BYOB - Which day(s) _____ \$10			
Horse stall or pen request? (call first) Contact Carol Lands			
Special requests or needs.			
Total			
Please pay this amount in PAYPAL on the website page ENTRY FORMS (use any Credit Card or Debit) Or mail to: NAC of ADA PO Box 11262 Prescott, AZ 86304			

Owner/Lessee Name: _____

Complete Address: _____

Email Address: _____

Cell Phone Number: _____

Rider if different from owner: _____

(Parent/guardian name if under 18): _____

Parent Contact Information: _____

Emergency Contact Person: _____

Phone Number: _____

NAC of ADA Release, Wavier, and Hold Harmless Agreement

All participants of every entry (which include without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse): 1. Shall be subject to the constitution and rules of NAC of ADA 2. Represent that every horse, rider, and handler is eligible as entered 3. Agree to be bound by the rules of NAC of ADA and of the competition and hold the officials, directors, employees, and volunteers harmless for any action taken 4. Agree that as a condition of and in consideration of acceptance of entry, they authorize NAC of ADA and/or the competition management to market, transfer, assign or otherwise make any use of any photographs, likenesses, films, broadcast, cablecasts, audio or videotapes taken of the horses(s) and participants(s) without compensation 5. Agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk, serious injury or death, and by participating they expressly assume any and all risks of injury or loss, and they agree to hold NAC of ADA, the competition and their officials, directors, employees, and volunteers harmless from and against all claims including claims based on negligence, breach of contract, strict liability and/or otherwise for any injury or loss suffered during or in connection with the competition, officials, directors, employees, or volunteers of the NAC of ADA competition.

UNDER ARIZONA LAW, AN EQUINE PROFESSIONAL, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING IN INHERENT RISKS OF EQUINE ACTIVITIES CODE OF ARIZONA 12-553

BY SIGNING BELOW, I AGREE to be bound by all applicable rules, waivers, releases, terms, and provisions of this entry blank and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER:

Printed Name: _____

Signature: _____

Print Parent/Guardian name (if applicable): _____

Parent/Guardian signature: _____

OWNER/LESSEE:

Printed Name: _____

Signature: _____

*Volunteers make shows/clinics successful. To volunteer contact Kirsten Kuzmanic at 951 440 4615 or
kirstenk38@gmail.com*