

**DSRP Riding Series - Ranch Horse Show  
May 21 & 22 - Dripping Springs Ranch Park Indoor Arena**

**Ranch Horse Show Entry**

Entry # \_\_\_\_\_ Coggins Accession # \_\_\_\_\_ Date Coggins Reported \_\_\_\_\_

Horse Name: \_\_\_\_\_ Foal Year: \_\_\_\_\_ Horse Gender: \_\_\_\_\_

Exhibitor A Name: \_\_\_\_\_ Division(s) \_\_\_\_\_ DOB: \_\_\_\_\_

Exhibitor B Name: \_\_\_\_\_ Division(s) \_\_\_\_\_ DOB: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Trainer / Barn Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Exhibitor A or Owner Address: \_\_\_\_\_

**- CHECK CLASSES THAT APPLY TO THIS HORSE by listing Exhibitor A or B in the line by the class number.**

**- Exhibitors may enter BOTH Ranch Show and Playday. Please fill out Playday Entry Form completely. See Show Rules for details.**

**RANCH SHOW Divisions and Classes:**

<b>Junior Horse</b>	<b>Senior Horse</b>	<b>18 &amp; Under</b>	<b>19 &amp; Over Amateur</b>	<b>Walk / Trot 18 &amp; Under</b>	<b>Walk / Trot 19 &amp; Over</b>
___ 1	___ 3	___ 5	___ 7	___ 9	___ 11
___ 2	___ 4	___ 6	___ 8	___ 10	___ 12
___ 13	___ 14	___ 15	___ 16	___ 17	___ 18
___ 19	___ 20	___ 21	___ 22	___ 23	___ 24
___ 25	___ 26	___ 27	___ 28	___ 29	___ 30

**Waiver / Release:**

**RELEASE & WAIVER & PARENTAL/GUARDIAN CONSENT:**

In consideration of the City of Dripping Springs ("City") allowing myself or my child to participate in horseback riding and other equine related activities ("Equine Activities") at Dripping Springs Ranch Park, I hereby agree as follows: **Acknowledgement of Risks** – I fully understand and hereby acknowledge that Equine Activities and other outdoor related activities have inherent risks, dangers and hazards. My own or my child's participation in Equine Activities may result in injury, illness or death. These risks may be the result of inherent risks from riding horses or may be caused by the negligence of the City, its agents, or employees, or the sponsors, if any, of Equine Activities at Dripping Springs Ranch Park. **Assumption of Risks** – I hereby assume all risks of danger or injury to myself and/or my child. I hereby assume responsibility for all losses or damages involving myself or my child, regardless of cause. I hereby assume responsibility for all losses or damages involving my operation of any motor vehicles while entering and exiting Dripping Springs Ranch Park. I hereby assume responsibility for all losses or damages involving any horse belonging to me or being used by me or my child at Dripping Springs Ranch Park. **Release from Liability** – I, on behalf of myself, my child, my personal representatives, my equipment, my heirs and assigns, hereby voluntarily waive, release, discharge, hold harmless, defend and indemnify the City, its agents, employees, and officers from any and all claims, actions, losses for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise from my own or my child's participation in Equine activities at Dripping Springs Ranch regardless of any negligent acts or omissions of the City, its agents, officers, or employees. **Statutory Warning** - WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Added by Acts 1995, 74th Leg., Ch. 549, § 1, eff. Sept. 1, 1995. **Venue** - The venue for any dispute arising out of this instrument shall be Hays County, Texas. **I have read this Release and Waiver and by signing it agree with its terms. It is my intention to exempt and relieve the City of Dripping Springs from any and all liability related to my own or my child's participation in any Equine Activities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or legal guardian must sign for riders < 18 y.o.)

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Signature of Exhibitor A or Guardian if Exhibitor is a Minor      PRINTED Name of Exhibitor or Guardian

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Signature of Exhibitor B or Guardian (if Exhibitor is a Minor)      PRINTED Name of Exhibitor or Guardian

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Signature of Responsible Party if not Exhibitor A or B      PRINTED Name of Responsible Party

**ENTRIES MAY BE SCANNED / or take photo of Entry AND EMAILED to:**

[DsrpRidingSeries@gmail.com](mailto:DsrpRidingSeries@gmail.com)

To Reserve Stalls, RV's contact the DSRP office (512) 894-2390 or email Lily @ [lsellers@cityofdrippingsprings.com](mailto:lsellers@cityofdrippingsprings.com) to reserve.

Class Fee (each class) - Pre-Registered by Wed. May 18	\$15 x _____ = \$ _____
Class Fee (each class) - Day of Show / Late Entry	\$20 x _____ = \$ _____
Office Fee per horse	\$10 _____ = \$ _____
Stall Fee/per day – HORSE Stall	\$25 x _____ = \$ _____
Shavings (minimum 2 bags)	\$ 9 x _____ = \$ _____
Stall Fee/per day – TACK Stall	\$25 x _____ = \$ _____
Grounds Fee (if not stalled)/per day	\$15 x _____ = \$ _____
RV (30 amp or 50 amp) – per night	\$45 x _____ = \$ _____
Length of RV: _____	

**TOTAL DUE:**      \$ \_\_\_\_\_

**Make Checks Payable to DSRP.** If pre-entering (Online or via email) please DO NOT send check or money. You can pay at the show. There is no penalty if you are unable to come!

Paid by: Cash \$ \_\_\_\_\_ or Check \$ \_\_\_\_\_ (Ck # \_\_\_\_\_) or OPEN Check

Name on Check: \_\_\_\_\_

There will be a \$50 charge for NSF checks