

PVRA Gymkhana Entry Form

ONE FORM PER RIDER ENTRY Date: _____

Show info: pvra.com/gymkhana Show Manager: gymkhana@pvra.com

| EVENTS | Price: (Circle) | Amount |
|-----------------------------|-------------------------------|--------|
| \$55 member all day | \$55.00 | |
| \$65 Non-member all day | \$65.00 | |
| OR \$10/class for membe | er, \$12/class for non-member | |
| class 1 | \$10.00/\$12.00 | |
| class 2 | \$10.00/\$12.00 | |
| class 3 | \$10.00/\$12.00 | |
| class 4 | \$10.00/\$12.00 | |
| class 5 | \$10.00/\$12.00 | |
| class 6 | \$10.00/\$12.00 | |
| Grounds Fee (per horse) | \$15.00 | |
| Total Amount Due (CASH or C | HECK ONLY) | |
| Received by: che | ck #: (check payable to PVRA) | 1 |

Choose your classes individually or for the day

Sharing Horses: YES or NO WITH WHOM:

Show Info: Leadline riders must be led. Riders 18 and under are required to wear a helmet! Riding boots and pants are required.

____IMAGE RELEASE: Check this box if you give permission for photos and videos of the rider listed on this entry to be shared/posted on the PVRA website and social media.

RELEASE OF LIABILITY: I hereby declare I am aware there are inherent risks involved in horse related activities and that I am taking part in this show for my own pleasure and entertainment. I agree on behalf of myself, my heirs, executors, administrators, and assigns to hold harmless POWAY VALLEY RIDERS ASSOCIATION or any member, employee or guest of POWAY VALLEY RIDERS ASSOCIATION and waive any and all rights, claim or liability for damage or for any and all injuries that might be sustained by me, including injuries to animals, or from any and all claims of any kind that I might have result as а of or out of mv participation in this event.

5.24

| Rider's Age Group: | Lead Line | 12 & Under | 13-17 | 18-35 | 36 & Over | | | |
|--|-----------|-------------|-------|-------|-----------|-------|--|--|
| RIDER'S NAME: | | HOI | RSE: | | | | | |
| ADDRESS: | | CITY: | | ZIP: | | | | |
| PHONE: | | EMAIL: | | | | | | |
| SIGNATURE: | | PRINT NAME: | | | | DATE: | | |
| Participant Signature (if 18 or older) OR Parent/Guardian if under 18 years of age | | | | | | | | |