

ENTRY FORM- TVW PLEASURE DRIVING SHOW OCTOBER 26-27, 2024

SUBMIT ENTRY BY MAIL POSTMARKED BY FRIDAY OCT.18th

Or E-MAIL OR PHONE BEFORE 6:00 pm Thurs. OCT. 24th to avoid \$20 Post Entry Fee!

PLEASE FILL OUT A SEPARATE FORM FOR EACH HORSE UNLESS YOU ARE ENTERING A PAIR

MAIL TO: **JAMEY ROBBINS**
23128 Kingsbury Road
Middleton, ID 83644-5624

EMAIL: **jameyandshady@gmail.com**

PHONE: **(208)870-3660**

OFFICE USE ONLY:

Paid? _____
 (check # _____)

Member? _____ (IF NOT,
 non-member fee required)

Division entered: _____

Release signed? _____

#	CLASSES	DRIVER	HORSE(S)	OWNER	FEES
S a r d a y					
		Is Driver 18/under? _____ Division: _____ VSE/Small Pony, Pony, Horse, Green (horse/driver)	_____ (2 nd LINE FOR PAIR ENTRIES ONLY) _____	_____ _____	\$ _____
S u n d a y					
		Is Driver 18/under? ____ Division: _____ VSE/Small Pony, Pony, Horse, Green (horse/driver)	_____ (2 nd LINE FOR PAIR ENTRIES ONLY) _____	_____ _____	\$ _____
VSE/Small Pony 9.2 hands and under Pony: Over 9.2 hands under 14:2 hands Horse: 14:2 hands and over Green (horse or driver)			STALLS (Fri 6 pm-Mon 9 am) Order by 10/21 ELECTRICAL HOOK- UPS	@ \$50 each	\$ _____
				@ \$10/day	\$ _____

Entry Fees:

\$10/\$12* per class

\$5 per class for Jr. (18 & under) and for ground driving classes

**denotes non-TVW member fee*

RELEASE OF LIABILITY

In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold the Treasure Valley Whips or its members, officers, volunteers, insurers, or other agents liable for any injury or damage to my person or property. **I HEREBY VOLUNTARILY RELEASE THE TREASURE VALLEY WHIPS, ITS MEMBERS, OFFICERS, VOLUNTEERS, INSURERS OR OTHER AGENTS, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THIS ACTIVITY.** This release of liability includes, but is not limited to any negligent act or omissions of the Treasure Valley Whips, its members, officers, volunteers, insurers, or other agents, which may result in my personal injury, discomfort, illness, disease, death, and damage to my property. **THIS RELEASE OF LIABILITY ALSO EXPRESSLY EXTENDS TO AND INCLUDES THE OWNERS/PROPRIETORS OF ANY PREMISES OR FACILITY AT WHICH THE EQUESTRIAN ACTIVITY IS HELD.**

SUBTOTAL: \$ _____

POST ENTRY (\$20): \$ _____

TOTAL: \$ _____

Make checks payable to "TVW"

Date _____ Driver's signature _____
 (Parent/Legal Guardian signature required
 if owner/driver is under 18) _____