



CSHA REGION

5

ENGLISH WESTERN HIGH POINT PROGRAM
2024 EXHIBITOR ENROLLMENT FORM

Name _____ Birth Date _____ Age _____ (As of 01/01)
Address _____ City _____ Zip _____
Phone _____ Email _____
Type of CSHA Membership _____ or CSHA Club: _____
Amateur Card Issued by _____ card # _____
Horse Name _____ Horse Age _____ Breed _____ (As of 01/01)
() Mare () Gelding () Stallion Horse Owner _____

These Categories and Age Division are required for State Championship Show Qualification. Check boxes that apply.

HALTER

() Junior Horse (5 & under) () Senior Horse (6 & over) () Open (Any age)

REINING

() 17 & under () 18 & over/AA () Open

ENGLISH

() Leadline 6 & under () 10 & under W/T () 13 & under () 14-17 () 18-34/AA () 35 & over/AA () Open

WESTERN

() Leadline 6 & under () 10 & under W/J () 13 & under () 14-17 () 18-34/AA () 35 & over/AA () Open

RANCH HORSE

() 10 & under W/T () 17 & under () 18 & over/AA () Open

These Categories and Age Divisions do not qualify for the State Championship Show. Region 5 High Point Awards only. Check boxes that apply.

TRAIL (Overall) SHOWMANSHIP (Overall) ENGLISH OVER FENCES

() All ages () All ages () All ages

CSHA State EW Program Fee (\$25) \$25.00

Region 5 EW Program Fee (\$30) \$30.00

Total Age Divisions _____ x \$25.00 = _____ (Age Divisions Horse or Rider/Handler)

Total Fees Submitted _____ (Make check payable to CSHA Region 5)

I hereby certify that all of the information completed on this form is true and accurate. That any falsification of information will result in my immediate disqualification from the program and the forfeiture of any prizes or awards received. I have read and agree to the rules as set forth in the CSHA Region 5 English Western Program. I understand that no points will be recorded on my behalf until this form and fees have been received by the chair of the Region5 EW program.

Rider/Handler Signature _____

Date _____

Parent/Guardian Signature (if rider/handler is under 18) _____

Date _____

Parent/Guardian Printed Name (if rider/handler is under 18) _____

CSHA REGION 5 ENGLISH WESTERN CHAIR: George Yamamoto 1512 Plymouth Ln Antioch, CA 94509 (925) 754-4141 region5ew@comcast.net www.region5ew.com



California State Horsemen's Association, Incorporated
RELEASE OF LIABILITY

PARTICIPANT: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I acknowledge I am attending and/or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless **California State Horsemen's Association, Incorporated**, and _____ or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of **CSHA, Inc.**, and _____ or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by **CSHA, Inc.** and _____, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation; this is binding upon my executors, heirs and assigns.

() I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for CSHA events.

() I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for CSHA events. This shall be binding as to damage or injury to my minor, his/her animals or property arising out of his/her attendance/participation in events.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Signature: _____ Date: _____