

**ENTRY FORM**  
**TVW PLEASURE DRIVING SHOW**  
**SUBMIT ENTRY BY E-MAIL OR PHONE BEFORE THE DAY OF THE**  
**SHOW TO AVOID \$15 POST ENTRY FEE!**

EMAIL:

[leoblair2001@yahoo.com](mailto:leoblair2001@yahoo.com)

CALL: JOANIE (208) 939-6820

Payment may be made day of show when picking up Exhibitor number with no post entry penalty – we just need the information to put together our class lists early. Thanks for you help on this!

**OFFICE USE:**

Paid? \_\_\_\_\_ (check No. \_\_\_\_\_)

Member? \_\_\_\_\_ (IF NOT, \$20 FEE)

Release Signed? \_\_\_\_\_

EXHIBITOR #(s) ASSIGNED:

\_\_\_\_\_

CLASS	DRIVER	HORSE	OWNER	FEE

(Entry Fees: \$10/Class; \$50/day)

SUBTOTAL: \_\_\_\_\_

(\$15) POST ENTRY: \_\_\_\_\_

(\$20) NON-MEMBER: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**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.**

Date \_\_\_\_\_

Driver's signature \_\_\_\_\_

(Parent/Legal Guardian signature required if owner/driver is under 18)