ALASKA DRESSAGE ASSOCIATION
SCHOOLING SHOW ENTRY FORM
September 13, 2026 | Mountain Ridge Equestrian Center

Rider: _____ Horse: _____

Phone: _____ Email: _____

Owner: _____ Division: [ ] Jr/YR [ ] AA [ ] Open

STANDARD DRESSAGE TESTS - $25 PER RIDE

Level	Select Test
USDF Intro	[ ] A [ ] B [ ] C
Training	[ ] Test 1 [ ] Test 2 [ ] Test 3
First	[ ] Test 1 [ ] Test 2 [ ] Test 3
Second	[ ] Test 1 [ ] Test 2 [ ] Test 3
Third	[ ] Test 1 [ ] Test 2 [ ] Test 3
Fourth	[ ] Test 1 [ ] Test 2 [ ] Test 3
FEI	[ ] PSG [ ] Int I [ ] Int II [ ] Grand Prix
Other FEI/Test	_____
Additional	[ ] Suitability [ ] Equitation

Dressage style: [ ] English [ ] Western [ ] Icelandic

Number of rides: _____ x $25 = $_____

Payment: [ ] Paid online [ ] Cash [ ] Check # _____

Current negative EIA/Coggins documentation required and available at event.

Use separate ADA liability release. One entry form per horse/rider combination.

ALASKA DRESSAGE ASSOCIATION
WDAA WESTERN DRESSAGE ENTRY FORM
September 13, 2026 | Mountain Ridge Equestrian Center

Rider: _____ Horse: _____

Phone: _____ Email: _____

Owner: _____ Division: [ ] Jr/YR [ ] AA [ ] Open

WDAA WESTERN DRESSAGE TESTS - $25 PER RIDE

Level	Select Test
Intro	[ ] Test 1 [ ] Test 2 [ ] Test 3 [ ] Test 4
Basic	[ ] Test 1 [ ] Test 2 [ ] Test 3 [ ] Test 4
Level 1	[ ] Test 1 [ ] Test 2 [ ] Test 3 [ ] Test 4
Level 2	[ ] Test 1 [ ] Test 2 [ ] Test 3 [ ] Test 4
Level 3	[ ] Test 1 [ ] Test 2 [ ] Test 3 [ ] Test 4
Level 4	[ ] Test 1 [ ] Test 2 [ ] Test 3 [ ] Test 4
Level 5	[ ] Test 1 [ ] Test 2 [ ] Test 3 [ ] Test 4
Freestyle	[ ] Intro [ ] Basic [ ] L1 [ ] L2 [ ] L3 [ ] L4 [ ] L5

WDAA Western Dressage

Number of rides: _____ x $25 = $_____

Payment: [ ] Paid online [ ] Cash [ ] Check # _____

Current negative EIA/Coggins documentation required and available at event.

Use separate ADA liability release. One entry form per horse/rider combination.

ALASKA DRESSAGE ASSOCIATION

ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY & ENTRY CERTIFICATION

I understand that equine activities are inherently dangerous and may result in serious bodily injury, death, or property damage. Horses can act unpredictably, and participation may involve risks arising from the behavior of animals, surface or weather conditions, equipment, other participants, spectators, and my own actions or inexperience.

In consideration of being allowed to participate in or attend this Alaska Dressage Association event, I voluntarily assume all risks of participation and, to the fullest extent permitted by law, release and hold harmless the Alaska Dressage Association, Mountain Ridge Equestrian Center, the property owner, event officials, volunteers, employees, agents, and other participants from claims arising from ordinary negligence connected with this event. This release does not apply to conduct that cannot legally be released under Alaska law.

I agree to be responsible for myself, my child if signing as parent or guardian, my horse, my guests, and any damage we cause. I certify that the horse entered is fit to participate and that I will follow event rules and the directions of event management. I understand that an ASTM/SEI-certified equestrian helmet is strongly recommended whenever mounted and is required for any rider when required by applicable law or event rules.

I authorize event personnel to obtain emergency medical or veterinary assistance when reasonably necessary if I cannot be reached, and I accept responsibility for related costs. I also grant permission for photographs or video taken at the event to be used by the Alaska Dressage Association for educational, promotional, or historical purposes unless I check here: [ ] I do not grant photo/video permission.

By signing below, I confirm that I have read and understand this document, that I am signing voluntarily, and that the information on my entry is accurate. If the participant is under 18, a parent or legal guardian must sign.

Participant name (print): _____ Horse name: _____

Participant signature: _____ Date: _____

Parent/guardian name (if minor): _____ Relationship: _____

Parent/guardian signature: _____ Date: _____

Emergency contact: _____ Emergency phone: _____

Medical information event staff should know (optional): _____

For ADA use: Amount paid $_____ [ ] Cash [ ] Check [ ] Online Received by: _____ Time: _____