Great Western Paso Fino Horse Association

Trail Horse Test Entry Form

11 & 12 October 2025

C&M Farm, 1352 W. Syphon Rd, Pocatello, ID

*One form per entry. Fees are per horse/rider and may not be split between other horses or other riders (Two horses/one rider requires two entry forms.) Limited number of participants allowed; entry is on a first paid basis. Registration closes on 30 September 2025.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riders Age (Required if 18 or under): \_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List important medical information in case of emergency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Tasks to Learn during Clinic (required):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GW Member: Yes \_\_\_\_\_ No \_\_\_\_\_ Level Being Tested: Junior\_\_\_\_ Senior\_\_\_\_Master \_\_\_\_

Preferred Test Date: Saturday, 10/11\_\_\_\_\_\_ Sunday, 10/12 \_\_\_\_\_\_\_\_ No Preference\_\_\_\_\_

Stall Req’d: Yes/No Arrival Date: \_\_\_\_\_\_ Departure Date: \_\_\_\_\_\_\_ # of Nights: \_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Description | **Non-Member Fee** | **GWPFHA Member Fee** | **TOTAL** |
| Trail Horse Entry Fee | $70 | $40 |  |
| Trail Horse Test, Junior Level | $25 | $12 |  |
| Trail Horse Test, Senior Level | $30 | $20 |  |
| Horse stall (1st night free; GW - 2nd night free) Total number of nights \_\_\_\_\_. | $30 @ day | $30 @ day |  |
| Private Lesson (Friday, 10/10/25) | $45 | $45 |  |
| Join Great Western Paso Fino Horse Association | Individual $30, Family $35 membership form at [www.gwpfha.com](http://www.greatwesternpasofino) |  |
|  **TOTAL DUE** |  |

**Facility Rules:** Please bring your own feed and clean up after you and your horse, to include grooming area. Please close all gates and doors upon entry/exit.

Lunch will be provided each day, consisting of sandwich, chips, cookie and water. Please specify type of bread, lunch meat and condiments. We will do our best to accommodate you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Our appreciation to the Paso Fino Horse Association for subsidizing the clinic, test, stall fee and and lunch for all participants.

Please make checks payable to: **GWPFHA**

Mail completed form and payment to**:**

**Judi Bradbury, 111 Bertie Lord Lane, Conner, MT 59827**

Clinic begins **promptly at 9:00 am**. **Please arrive early enough to groom, tack and warm up your horse prior to the start**. All meals are on your own except lunch. Questions may be directed to **Judi Bradbury at 435 840.0224 or wbrad444@gmail.com**

 **Please read the following and sign to indicate that you have read and understand these requirements.**

**Release, Assumption of Risk, Waiver & Indemnification**

I AGREE in consideration for my participation in this clinic to the following: I AGREE that I choose to participate voluntarily in the clinic with my horse, as a rider, handler, lessee, owner, agent, trainer, or as parent or guardian of a minor participant. I am fully aware and acknowledge that horse activities involve inherent dangerous risks of accident, loss and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering or death (“harm”). I AGREE to release the arena where the clinic is held and the clinicians, organizers, officials, employees, volunteers, agents, personnel, officers, directors and affiliated organizations from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the above mentioned individuals or organizations. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the above mentioned individuals or organizations. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the above mentioned individuals & organizations and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the clinic. I understand the benefit of wearing protective equipment, such as riding helmets, and understand that I am encouraged but not required to do so. **Riding helmets are required for ALL Youth riders.**  If I am a parent or legal guardian of a minor participant, I consent to the child’s participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child’s behalf.

By signing below, I further AGREE to be bound by all terms and provisions on this registration form.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is a minor (under 18), signature of parent or legal guardian is required.

Parent or guardian: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_