



ASDS Schooling Show

April 26, 2026

Hilltop Ranch

41-430 Waikupanaha St, Waimanalo, HI 96795

To Enter: You must be an ASDS member to participate or pay a one-time non-member fee of \$10.00. Entry deadline is April 23rd at 4:00 pm. Hand-delivery only, to Hilltop bathroom show entry box.

ASDS Waiver: An ASDS Show Waiver must accompany each entry and must be signed by the competitor, or, if competitor is a minor, a parent or guardian must sign.

Ride Schedule: Ride times will be emailed to you. Make sure to include an email in entry form and check your email for Ride Schedule before the show.

Awards: Ribbons will be awarded to first through sixth place per class/test.

Scoring: All scores will be posted at the secretary's tent. Test sheets can be picked up after all rides in a class have been posted.

Helmets: You are required to wear a helmet any time you are mounted.

Parents are encouraged to participate as show staff and crew.

Parent or guardian of any rider under 18 years of age must sign the entry form and waiver

ASDS Schooling Show 2026 ENTRY FORM

Competition Date: April 26, 2026

Hilltop Ranch, 41-430 Waikupanaha St, Waimanalo, HI 96795

Name of Horse: _____

Name of Rider: _____

Address of Rider: _____

Birthday of Rider: _____ Rider ASDS #: _____

Name of Owner: _____

Parent/Guardian Name _____ Signature _____

(If rider is under 18)

Phone Number: _____

E-mail: _____

Use one entry form for each horse/ rider combination.

Competition date: April 26, 2026

Location: Hilltop Ranch

Judge: Franny Brown

Make checks payable to ASDS.

Hand-deliver entries to the Hilltop bathroom entry box by:

4pm, April 23, 2026

DO NOT MAIL

LEVEL	ENTRY FEES	TESTS	NO. TESTS X \$ = Total
Specify Level _____	\$30.00 per Test	Musical Freestyle	
INTRODUCTORY LEVEL	\$30.00 per Test	A B C	
TRAINING LEVEL	\$30.00 per Test	1 2 3	
FIRST LEVEL	\$30.00 per Test	1 2 3	
SECOND LEVEL	\$30.00 per Test	1 2 3	
THIRD LEVEL	\$30.00 per Test	1 2 3	
FOURTH LEVEL/ F.E.I (Please specify)	\$30.00 per Test	1 2 3 _____	

Using training aids
 check for yes

TOTAL ENTRY FEES _____

ASDS Non-member Fee (rider only) _____

Total: _____



2026 ASDS SCHOOLING SHOW WAIVER

Date: Sunday, April 26, 2026

Location: Hilltop Ranch, 41-430 Waikupanaha St, Waimanalo, HI 967395

Activity: Schooling Show with Judge Franny Brown

Rider Name: _____

Rider Address: _____

Rider Birthdate: _____

Rider Phone Number: _____

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

Parent/Guardian Phone Number: _____

Entry Agreement

By participating in this activity and signing this entry blank on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of Aloha State Dressage Society (ASDS). I agree to be bound by the Bylaws and Rules of the activity. I agree to release and hold harmless the activity, the officials, and directors. I also agree that as a condition of and in consideration of acceptance of entry, the activity may use or assign photographs, videos, audios, cable -casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the activity for the promotion, coverage or benefit of the activity or the benefit of ASDS. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

Release, Assumption of Risk, Waiver, and Indemnification.
This document waives important legal rights. Read carefully before signing.

I AGREE in consideration for my participation in this activity to the following:

I AGREE that "ASDS" and "Activity" as used herein includes the Activity Management, as well as all of their officials, officers, directors, personnel and volunteers. **I AGREE** that I choose to participate voluntarily in the Activity with my horse, as a rider, longeur, lessee, owner, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Activity 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 hold harmless and release ASDS and the Activity from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results directly or indirectly, from the negligence of ASDS or the Activity.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of ASDS or the Activity. **I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) ASDS and the Activity 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 while at the Activity. I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that ASDS requires me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, 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. I represent that I have the requisite training, coaching and abilities to safely participate in this activity.

BY SIGNING BELOW, I AGREE to be bound by all applicable ASDS Rules and all terms and provisions of this liability waiver blank. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

x _____
Signature of Rider (or Parent/Guardian if Rider is under 18)

Date

ALOHA STATE DRESSAGE SOCIETY

2026 ASDS MEMBERSHIP APPLICATION (Valid 12/01/25 through 11/30/26)

THIS ORGANIZATION IS A USDF GROUP MEMBER ORGANIZATION.

ASDS MEMBERS ARE AUTOMATICALLY USDF GROUP MEMBERS

and will receive a USDF GMO membership card. Exception: Affiliate Members

MEMBERSHIP FEES: All riders and owners (or lessees) of horses participating in ASDS sponsored events **must** be current ASDS members to be eligible for participation in ASDS year-end awards programs.

\$250.00 Individual (*Adult*) **5-Year Membership**
\$60.00 Individual (*Adult*) (\$10 discount for Pony Club Members)
\$40.00 Individual (*Junior-18 years and under*) (\$10 discount for Pony Club Members)

HORSE REGISTRATION FEES: Horses **must** be registered with ASDS to be eligible for participation in ASDS year-end awards programs.

\$75.00 Lifetime (*Per Horse; for the life of the horse*)
\$20.00 Annual (*Per Horse*)
\$10.00 Registration transfer (*Transfers ASDS horse registration from previous owner to new owner*)

TO ENSURE PROMPT RETURN OF YOUR 2026 MEMBERSHIP, SEND A SELF-ADDRESSED STAMPED ENVELOPE WITH THIS APPLICATION.

Make Checks Payable to ASDS and mail to: PO Box 342, Kailua, HI 96734

Joining in October 2025 will extend your membership through the 2026 membership year.

MEMBERSHIP APPLICATION: (Please use a separate form for each member)

Name: _____ JR/YR _____ Adult _____ Current ASDS No: _____

Address: _____
Street City State Zip

Phone: _____
Home Work Cell Email Address

Birth date: If under 21 or Vintage: _____ USEF No: _____ USDF No: _____

Member Signature: _____ Application Date: _____

Signature of Parent if under 18 years: _____

Please check if you DO NOT want to share your contact information on the ASDS membership list _____

HORSE REGISTRATION: (Please use a separate form for each horse. Complete if this is a new horse, annual registration or upgrading to Lifetime). If horse is already Lifetime, leave blank.

Registration (check one) **Life** **Annual** ASDS # _____ If transfer, name of previous owner: _____

Horse's Name: _____ Breed: _____

Age: _____ Sex: _____ Color: _____ Markings: _____

Owner or Lessee (Please check one box; if Lessee, please attach a copy of the written lease agreement for this horse. If written agreement is not available, the horse's owner must be a current member of ASDS)

Name of Owner/Lessee: _____ Horse's USDF No: _____

FEES: Membership \$ _____ + Horse Registration: \$ _____ + Donation \$ _____ = \$ _____
Required If applicable Voluntary Total Fees Enclosed

VOLUNTEERING: Please get involved! Contact the show manager or any ASDS Board member.
Check out our website: www.alohastatedressage.com