





**South Carolina Dressage & Combined Training Association  
Show Recognition Request**

**Agreement to Comply with SCDCTA Mandatory Requirements  
and  
Release of Liability**

I agree to abide by the Mandatory Requirements for show recognition as stated in the "*SCDCTA Show Recognition Mandatory Requirements and Information*" document. I agree to release from liability the SCDCTA and/or any board member(s) and/or judges and/or volunteers with regard to any incident(s) that might occur at the listed show(s).

Signatures by person(s) of authority to release liability. Generally, this is the venue owner and/or show organizer.

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Signature

Print Name

Date

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Signature

Print Name

Date

**Fees listed on Page 1 must be paid via Paypal/credit card or a check made out to SCDCTA mailed with this signed agreement.**

Print Form

Email

**Email: [showrecog@scdcta.com](mailto:showrecog@scdcta.com)**