

Entry #

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Entry #	NAME OF ANIMAL		COLOR	SEX	HEIGHT	AGE
<u> </u>	Write Class #'s Belo	ow name o	of Rider			
Name of Rider						
			<u> </u>			
		Full payn	nent or signed c	heck must b issued	e left before nui	mber will be
		# OF	тот	AL ENTR	Y FEES	Totals
			Number of Classes @12.00 Hunter Classic @ 20.00			
			Stalls @ 30.	.00		
			EMT/Insurance fee/Office fee		\$25.00	
Rider Information						
Address			Total Charges			
State				Amo	unt Enclosed	_
					Balance Du	=
		- 0-				l
Phone Number		Office use	Paid with (_		-
Email Address		use	raiu Willi			-
Trainer or Farm Name			MAKE CI	HECKS PA	AYABLE TO:	

\$25.00 FEE for any checks RETURNED by the bank \$25.00 billing charge for all entries not paid at show office

_Assumption Of Risk, Wavier. This document waives important legal rights. Read it carefully before signing.

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

I AGREE that Summer in CNY, Springerle stables, Galemont Farms, and Affinity Farms and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition 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 Horse Summer in CNY, Springerle Stables, Galemont Farms, and Affinity Farms and the Competition 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 the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition 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 Competition. I will wear approved protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages 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 compete in this competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the

BY SIGNING BELOW, I AGREE to be bound by all applicable and all terms and provisions of this entry blank.

Rider Signature	Parent/Guardian signature (If under 18)	Trainer Signature	
Print Signature	Parent/Guardian Print signature	Trainer Print Signature	
Date	Emergency Contact Phone#	Date	
	Date		