

Entry #

Entry #		NAME OF ANIMAL	COLOR	SEX	HEIGHT	AGE
Write Class #'s Below name of Rider						
Name of Rider	\implies					

Full payment or signed check must be left before number will be issued

# OF	TOTAL ENTRY FEES	Totals
	Number of Classes @12.00	
	Hunter Classic @ 20.00	
	Stalls @ 30.00	
	EMT/Insurance fee/Office fee	\$25.00
	Total Charges	
	Amount Enclosed	
	Balance Due	

Rider Information

Address			

State_____

Zip			

Phone Number	
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Email Address ______

Trainer or Farm Name _____

Office Paid with check # _____ use Paid with Cash _____

> MAKE CHECKS PAYABLE TO: Galemont Farm

\$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