

# WOODEDGE HORSE SHOW

Competition Date: \_\_\_/\_\_\_/2018

| #                 | Name of Horse | TIP# | Sex    | Color   | Age    | Ht.           | Horse / Pony<br>Sm Md Lg |  |  | Green Year<br>1st 2nd |  | Measurement card                                   |
|-------------------|---------------|------|--------|---------|--------|---------------|--------------------------|--|--|-----------------------|--|--|
| Name of Rider One |               | Age  | USEF#  | ASPCA # | USET # | C L A S S E S |                          |  |  |                       |  | Circle Type(s)<br>Nom. Jumper<br>Jumper Hunter Eq. |
| Name of Rider Two |               | Age  | USEF # | ASPCA # | USET # | C L A S S E S |                          |  |  |                       |  | Circle Type(s)<br>Nom. Jumper<br>Jumper Hunter Eq. |

| NAME            | ADDRESS | PHONE | USEF# |
|-----------------|---------|-------|-------|
| Owner _____     | _____   | _____ | _____ |
| Rider One _____ | _____   | _____ | _____ |
| Rider Two _____ | _____   | _____ | _____ |
| Trainer _____   | _____   | _____ | _____ |

| F E E S                        |
|--------------------------------|
| <b>TO BE COMPLETED AT SHOW</b> |

**Entry Agreement**  
 By entering this Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, or Handler, and on behalf of myself and my principals, representatives, employees, and agents, I agree that I am subject to the Competition. I agree to be bound by rules of the Competition. I will accept as final the decision of the Show Committee on any question arising under the rules, and agree to release and hold harmless the Competition, their officials, and employees, for any action taken under the rules. I represent that I am eligible to enter and/or participate under the rules, and every horse that I am entering is eligible as entered. The construction and application the rules are governed by the laws of the State of New Jersey, and any action instituted against the Competition must be filed in the State of New Jersey.

**Release, Assumption of Risk, Waiver and Indemnification**  
 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 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 release the Competition 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 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 at the Competition.  
 I have read the Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition 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 AGREE that "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, and affiliated organizations.  
 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 Competition on the official Competition accident/injury report form.  
 BY SIGNING BELOW, I further AGREE to be bound by all applicable rules and all terms and provisions of this entry blank.

**EARLY ENTRY COUPON**  
**\$\$ TEN DOLLARS \$\$**  
 If received on or before closing date  
 Limit one per back number.

**COGGINS DATE**

**INFLU/RHINO DATE**

**Make Checks To WOODEDGE**  
**E-Mail Completed Entry to:**  
**woodedgeentry@yahoo.com**  
**OR Print and Mail to**  
**WOODEDGE**  
**116A Borton Landing Rd**  
**Moorestown, NJ 08057**  
**OR Print and Fax to**  
**856.235.6262**

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| <b>Rider One (MANDATORY) Signature</b> | <b>Rider Two (MANDATORY) Signature</b> | <b>Owner/Agent (MANDATORY) Signature</b> | <b>Trainer (MANDATORY) Signature</b> |
| _____                                  | _____                                  | _____                                    | _____                                |
| <b>Print Name</b>                      | <b>Print Name</b>                      | <b>Print Name</b>                        | <b>Print Name</b>                    |
| _____                                  | _____                                  | _____                                    | _____                                |
| <b>Date</b>                            | <b>Date</b>                            | <b>Date</b>                              | <b>Date</b>                          |
| _____                                  | _____                                  | _____                                    | _____                                |

No Check Prepayment  
 Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Final Payment  
 Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Parent/Guardian Signature (Required if Rider/Driver/Handler is a minor)** \_\_\_\_\_ **Print Parent/Guardian Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Rider One U.S. Citizen?** \_\_\_ Yes \_\_\_ No    **Rider Two U.S. Citizen?** \_\_\_ Yes \_\_\_ No    **Emergency Contact Phone Number:** \_\_\_\_\_