

WOODEDGE HORSE SHOW

Competition Date: ____/____/2022

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

N A M E	A D D R E S S	PHONE	USEF#
Owner _____	_____	_____	_____
Rider One _____	_____	_____	_____
Rider Two _____	_____	_____	_____
Trainer _____	_____	_____	_____

F E E S
TO BE COMPLETED AT SHOW

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 to abide by all rules set forth by Competition regarding COVID-19, including, but not limited to, wearing face masks and social distancing.
 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") 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

Rider One (MANDATORY) Signature	Rider Two (MANDATORY) Signature	Owner/Agent (MANDATORY) Signature	Trainer (MANDATORY) Signature
_____	_____	_____	_____
Print Name	Print Name	Print Name	Print Name
_____	_____	_____	_____
Date	Date	Date	Date
_____	_____	_____	_____

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: _____