WOODE	DGE HOR	RSE SHO	W						Con	npet	itio	n Do	ate: _	/	//202
#			·	TIP#		x Cold	or	Age	Ht.	Hoi Sm	se / Po	ony Lg		n Year 2nd	Measurement card
Name of Rider One		Age	USEF#	ASPC	A #	USET#			C	LA	SSE	s			Circle Type(s) Nom. Jumper Jumper Hunter Eq Circle Type(s) Nom. Jumper Jumper Hunter Eq
Name of Rider Two		Age	USEF#	ASPC	A #	USET#			C	LA	S S E	S			
N A M E Owner			ADDRESS							PHONE USEF#		SEF#	1	F Show F	EES
Rider One													_		Stall @ \$100 all @ \$60
Rider Two Trainer													-		gs @ \$8 Schl @ \$35
as entered. The construct Release, Assumption of This document waives in I AGREE in I AGREE that am fully aware and acknow ("Harm").  I AGREE to Or indirectly, from the new I AGREE to I A	ompetition, their officials, and tion and application the rules Risk, Waiver and Indemnificat portant legal rights. Read it consideration for my participar to I choose to participate volur owledge that horse sports and release the Competition from pligence of the Competition. expressly assume all risks of indemnify (that is, to pay any one or my horse at the Competition Rules about protective equipment can guarant or guardian of a junior exhalos.	are governed by the laws of cition arefully before signing tion in this Competition to the starily in the Competition with all claims for money damage. Harm to me or my horse, inclosses, damages, or costs in stition.  Lipment, and I understand the rid against all injuries.	the State of New Jersey, are following: my horse, as a rider, drivelerent dangerous risks of access or otherwise for any Harm luding Harm resulting from a curred by) the Competition at I am entitled to wear protest.	r, handler, vaulter cident, loss, and s n to me or my hor the negligence of and to hold them ective equipment	r, longeur serious b rse and fc the Com harmless	r, lessee, owner, a odily injury including any Harm cause spetition. It is with respect to clopenalty, and I acknown.	agent, coang broken ed by me of aims for H	ch, trainer, bones, hea or my horse larm to me that the Cor	or as parent ad injuries, tr	or guardia auma, pai ven if the land and for congly enco	an of a jun n, suffering Harm resu laims mad burages m	ior exhibiting, or death	Total or. I of reto to COGO	EARLY \$\$ TE eceived bet show; Limi GINS DAT	
I represent the I AGREE that report form.  BY SIGNING	t "Competition" as used above that I have the requisite training t if I am injured at this compe BELOW, I further AGREE to	g, coaching, and abilities to stition, the medical personnel be bound by all applicable r	safely compete in this comp treating my injuries may pro- ules and all terms and provi	etition. ovide information sions of this entr	on my inj y blank.	jury and treatment		empetition of		•		nt/injury	woo OR	dedgee	oleted Entry to: entry@yahoo.cor nd Mail to E
Rider One (MANDA Signature	ATORY)	Rider Two (MANDA Signature	rory)	Owner/Ager Signature	nt (MAN	NDATORY)		Traine Signat	er (MANDATORY) ture						n Landing Rd n, NJ 08057
Print Name		Print Name		Print Name				Print N	Name				_		
Date		Date		Date				Date						Check ayment	
Parent/Guardian S	ignature (Required if I	Rider/Driver/Handler	is a minor) Print	Parent/Guar	dian Na	ame		<u> </u>	Date				Chec		Amount \$
Rider One U.S. Citi	zen?YesI	No Rider Two U.	S. Citizen?Yes	No En	nergen	cy Contact P	hone Nu	umber:					Final	l Paymen ck #	nt Amount \$

Check #\_

Amount \$\_