WOODEDGE HORSE SHOW

Competition Date: ___/___/2027

#	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.

	NAME	ADDRESS	PHONE	USEF#
Owner				
Rider One				
Rider Two				
Trainer				

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.

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

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:

FEES

1 Show Fee	$35
____ Show Stall @ $100	_____
____ Day Stall @ $60	_____
____ Shavings @ $8	_____
____ Fri Nite Schl @ $35	_____
____ Sat Nite Schl @ $35	_____
____ Non-Entry @ $35	_____
Total Due	$_____

EARLY ENTRY COUPON
$$ TEN DOLLARS $$
If received before noon on Friday prior to show; Limit one per back number.

COGGINS DATE

INFLU/RHINO DATE

Make Checks To WOODEDGE

EMail Completed Entry to: woodedgeentry@yahoo.com
OR Print and Mail to WOODEDGE
116A Borton Landing Rd
Moorestown, NJ 08057

☐No Check Prepayment

Check #_____ Amount $_____

Final Payment

Check #_____ Amount $_____