

BRDA 2018 ENGLISH Halloween Show Entry Competition Date: October 13, 2018

Coggins Rabies	Entry #
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(Use separate forms for each horse/rider combination)

ASTM helmet REQUIRED for all riders under the age of 18 per NYS law and for ALL jumping classes per USEF rules.

BRDA Member	Y	N
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Rider Name (PRINT): _____ HORSE Name: _____
 Street: _____ Horse Age: _____ Sex: _____ Height: _____
 City/State/Zip: _____ Breed: _____
 Phone#: _____ e-mail: _____ Color: _____
 Adult Rider Junior/Young Rider (date of birth): _____

Mail entry form to: BRDA, PO Box 250, Brookfield, NY 13314

Please mark the appropriate boxes below:

<p>Open Hunter (W/T/C)</p> <input type="checkbox"/> 1A. \$5 schooling at 2'3" <input type="checkbox"/> 1 - Handy Hunter 2'3" <input type="checkbox"/> 2 - Equitation O/F 2'3" <input type="checkbox"/> 7 - Hunter Hack 2' <input type="checkbox"/> 12 - Hunter US <input type="checkbox"/> 15 - Bridle Path Hack <input type="checkbox"/> 19 - English Pleasure <input type="checkbox"/> 22 - Huntseat Equitation <input type="checkbox"/> 29 - Command (Eng/West)	<p>Youth (W/T/C)</p> <input type="checkbox"/> 1A \$5 schooling at 2'3" <input type="checkbox"/> 3 - Hunter O/F 2'3" <input type="checkbox"/> 4 - Equitation O/F 2'3" <input type="checkbox"/> 8 - Hunter Hack 2' <input type="checkbox"/> 13 - Hunter US <input type="checkbox"/> 23 - Huntseat Equitation	<p>Novice Hunter (horse or rider 1st/2nd year showing W/T/C)</p> <input type="checkbox"/> 5A. \$5 schooling at 2' <input type="checkbox"/> 5 - Hunter O/F 2' <input type="checkbox"/> 6 - Equitation O/F 2' <input type="checkbox"/> 9 - Hunter Hack 2' <input type="checkbox"/> 14 - Hunter US <input type="checkbox"/> 24 - Huntseat Equitation	<p>Beginner Hunter Adult-Youth Walk/Trot ONLY</p> <input type="checkbox"/> 10A. \$5 schooling crossrails <input type="checkbox"/> 10 - Equitation O/F Crossrails <input type="checkbox"/> 17 - English Pleasure <input type="checkbox"/> 25 - Huntseat Equitation <input type="checkbox"/> 28 - Command (Eng/West)	<p>Green Horse Walk/Trot ONLY</p> <input type="checkbox"/> 10A. \$5 schooling crossrails <input type="checkbox"/> 11 - Hunter O/F Crossrails <input type="checkbox"/> 16 - Hunter US <input type="checkbox"/> 21 - English Pleasure
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**Classes \$10
FEES ENCLOSED**

<p>Red Helmet/Retired (W/T)</p> <input type="checkbox"/> 18 - English Pleasure <input type="checkbox"/> 26 - Huntseat Equitation	<p>Standardbred (Trot or Pace)</p> <input type="checkbox"/> 20 - English Pleasure <input type="checkbox"/> 27 - Huntseat Equitation <input type="checkbox"/> 46 - Standardbred Western Pleasure	<p>Leadline</p> <input type="checkbox"/> 30 - Leadline <input type="checkbox"/> 30A Costume Class
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Class Fee(s)	
Office Fee	\$10.00
Stall(s) Fee	
Stall Deposit	
Camping Fee	
Total Fees	

NOTE: Halter & Showmanship are on the WESTERN Entry Form

Fees and release on reverse side. You must complete to receive an entry number!

General Release

I understand that horseback riding, and in particular jumping, is a high-risk sport and I am participating in this competition at my own risk. I hereby assume this risk, and further do hereby release and hold harmless the Brookfield Riding and Driving Association, the Organizer, the Organizing Committee, judges, officials and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this competition. I will abide by all regulations and safety rules.

Riders Signature (Parent if rider is a minor) and Date

Medical Release

Adult Rider: If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it:

Signature/Date

Minor Rider: If emergency medical care is required for _____ (child's name) and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it: _____ (Signature of Parent/Guardian/Date)

Photo Release Form

I hereby give permission to use my name and photographic likeness in all forms and media for advertising, exposition displays, trade, and any other lawful purposes.

Print Name: _____ Print Name (spouse): _____

Signature: _____ Signature (spouse): _____

Guardian Consent For Models under 18:

I am the parent/legal guardian of the following child, and have read this release and approve of its terms in their behalf.

Printed Name of Child: _____ Printed Name of Parent/Guardian: _____

Guardian Signature: _____

