

# Entry Form

Enter Height Jumping and Age of Rider



Number

## Class Numbers


DOB

Rider		Pd check
		Height
Horse		Pd cash
	Check Payable To: Corinthian Equestrian Center llc	Intials _____ Total _____

## Release, Assumption of Risk, Waiver and Indemnification:

### This Document Waives Important Legal Right. Read Carefully Before Signing!

I agree in consideration for my participation in this Competition to the following:

- ◆ Every entry at this show shall constitute and agreement that the person making it, along with the owner, lessee, trainer, manager, agent, coach, driver, rider and the horse agree. It is further understood that all riders must wear a helmet that is ASTM/SEI approved while mounted, with chin strap clipped. It is the responsibility of the person signing to enforce the law.
- ◆ I agree and further understood that the entry to this horse is a boarder at Corinthian Equestrian Center, LLC for the time they are at and entered in the show.
- ◆ I agree that I choose to participate voluntarily in the Competition with my horse as a rider, driver, handler, vaulter, lougeur, lessee, owner, agent, coach, trainer, or as parent and guardian of a junior exhibitor. I am fully aware of and acknowledge that horse sports and 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 Hudson Valley Horse Shows, LLC, Corinthian Equestrian Center, LLC, and their officials, assigns, families and employees 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 negligence of the Federation or the Competition and to hold harmless for any injury or loss suffered during or in connection with the show.
- ◆ I agree to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation and 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 and harm caused by me or my horse at the competition.
- ◆ I have read the Federation Rules about protective equipment, including GR801 and EV114, and I understand that I am entitled to wear protective equipment without penalty and I acknowledge that the Federation strongly encourages me to do 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 assume all of the obligation of the release on my child's behalf.
- ◆ I Agree that "The Federation" and Competition and Corinthian Equestrian Center, LLC, as used above includes all the officials, officers, directors, employees, agents personnel, volunteers and affiliated organizations. Affiliated organizations to include but not limited too, PEL, OCHFC, HVHS, Marshall & Sterling League, and Corinthian Equestrian Center, LLC.
- ◆ 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 Federation on the official USEF accident/injury report form.
- ◆ I represent that I have requisite training, coaching and abilities to safely compete in this competition

**Read Carefully Before Signing!**

Rider/Handler

Owner/Agent

Trainer/Coach

Parent/Guardian

Signature

\_\_\_\_\_

PRINT

\_\_\_\_\_

Rider/Owners Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

E-mail- \_\_\_\_\_

Phone Number & Name of Emergency contact while at this show \_\_\_\_\_  
Phone Number \_\_\_\_\_ Emergency Phone Number and Name of that person \_\_\_\_\_