

BRDA 2018 Open DRIVING Show Entry Competition Date: August 19, 2018

(Use separate forms for each horse/rider combination)

Coggins Rabies	Entry #
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BRDA Member	Y	N
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ASTM helmet REQUIRED for all drivers under the age of 18.

Rider Name (PRINT): _____ HORSE Name: _____
 Street: _____ Horse Age: _____ Sex: _____ Height: _____
 City/State/Zip: _____ Breed: _____
 Phone#: _____ e-mail: _____ Color: _____

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

Please mark the appropriate boxes below:

Open - Single Horse

- 1 - Turnout
- 7 - Working Pleasure
- 12 - Reinsmanship
- 17 - Gambler's Choice
- 22 - Figure 8 Barrel Race

Novice - Single Horse

- 2 - Turnout
- 8 - Working Pleasure
- 13 - Reinsmanship
- 18 - Gambler's Choice

Open - Single Pony

- 3 - Turnout
- 9 - Working Pleasure
- 14 - Reinsmanship
- 19 - Gambler's Choice
- 23 - Figure 8 Barrel Race

Novice - Single Pony

- 4 - Turnout
- 10 - Working Pleasure
- 15 - Reinsmanship
- 20 - Gambler's Choice

VSE/Mini

- 5 - Turnout
- 11 - Working Pleasure
- 16 - Reinsmanship
- 21 - Gambler's Choice
- 24 - Figure 8 Barrel Race

Antique Vehicle

- 6 - Turnout

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 Driver: 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 Driver/Groom: 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)

Classes \$10 (pre-register), \$15 day of show

FEES ENCLOSED

Class Fee(s)	
Office Fee	\$10.00
Stall(s) Fee	
Stall Deposit	
Camping Fee	
Total Fees	

Photo Release on reverse side. You must sign to receive an entry number!

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): _____

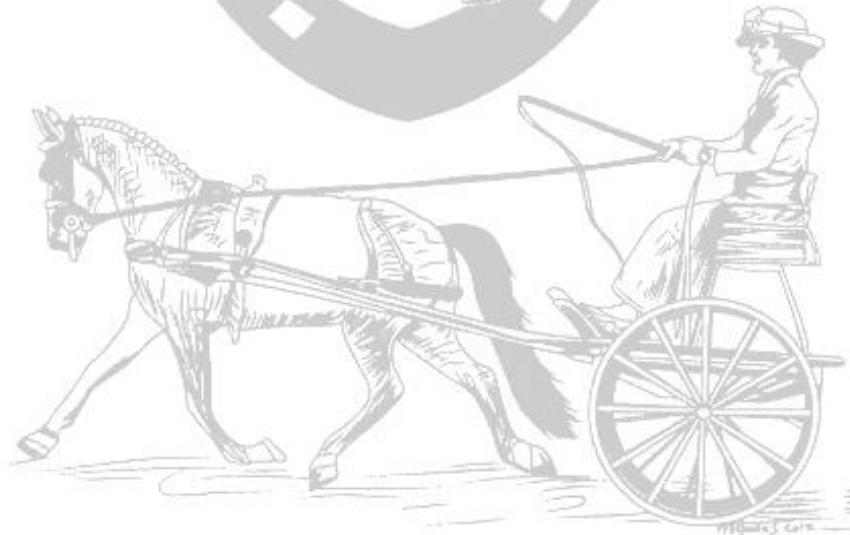
Guardian Consent For Models under 18:

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: _____

Brookfield Riding & Driving Association



3/9/17