

# Autumn Grove Stables Entry Form (Snowflake Series)

11026 Sinepuxent Road, Berlin, MD 21801

Email entries to: tarae@mchsi.com

Show Date: \_\_\_\_\_

Entry #	Horse or Pony Information							Coggins
	Horse or Pony Name	MHSA#	Stallion Gelding Mare	Color	Age	Height	Pony Size S M L	

**Rider Information**      Age : \_\_\_\_\_      Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_      MHSA #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_      (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent or Guardian signature required if rider is a minor

Parent Name: \_\_\_\_\_

**Classes Entered:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Unjudged Schooling Round # _____ @ \$10	_____
Unrated Classes # _____ @ \$10	_____
Rated Classes # _____ @ \$12	_____
Medal/Classic Classes # _____ @ \$15	_____
Admin/Grounds Fee	\$25 _____
(Pre-Entry Discount)	-\$10 _____
Friday Night Schooling	\$20 _____
Stall Fee (Friday afternoon thru Saturday)	\$50 _____
Day Stall Fee	\$35 _____
Shavings # _____ @ \$6	_____
Bale of Hay # _____ @ \$8	_____
<b>Total</b>	_____

<b>OFFICE USE ONLY</b>
Cash: _____
Check # _____
Check \$ _____

<b>Make checks payable to: AGS</b>
Checks must be for the exact amount, or left open. There is a \$30 charge for checks returned by our bank.

**Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_      (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

By entering a 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 principles, representatives, employees and agents, I agree that I am subject to the following. **This document waives important legal rights. Read it carefully before signing.**

I AGREE in consideration for my participation in this Competition, Autumn Grove Stables Horse & Pony Show, to the following: I Agree that I choose to participate in this Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accidents, loss, and serious bodily injury including broken bones, head injury, 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 other, 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 the respect to the claims for harm to 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 have read the federation 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 that I 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, agent, 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 in this competition, the medical personnel treating my injuries may provide information on my injuries and treatment to the federation USEF accident/incident report form. BY SIGNING THIS DOCUMENT, then I further agree to be bound by all applicable competition rules and all terms and provisions of this entry blank. **Exhibitors competing in classes restricted to amateurs must meet the requirements of USEF rule GR1306. Your signature as an exhibitor/ rider on the entry blank will verify that you understand and are in compliance with this rule.**

**Trainer Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_      (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

<p><b>Mail to: AGS, 11026 Sinepuxent Road, Berlin, MD 21811 Fax: 410-641-0723</b></p> <p><b>Email: tarae@mchsi.com</b></p>
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