Autumn Grove Stables Entry Form (CBHSA) 11026 Sinepuxent Road, Berlin, MD 2181 tarae@mchsi.com

Entry #		Horse or	e or Pony Information Co						Coggins
,	Horse or Pony Name		MHSA#	Stallion	Color	Age	Height	Pony Size	. Ooggino
			CESHS #/CBHSA #	Gelding				S M L	
			020110 11/0211101111	Mare					
Rider Information	Age: Birth Date:								
Name: MHSA #:		#:							
Address: CESHS#:									
City:	State:	_ Zip:	Unjudged So	hooling Ro	ound #	_ @ \$8		_ OFFIC	E USE ONLY
Phone #: (home) (cell)									<u> </u>
Email:			Medal Classes #@ \$10 Check # Sat. Admin/Grounds Fee \$15 Check \$						
			CBHSA Fee Day Stall			\$5 \$25			
Signature: Parent or Guardian signature required if rider is a minor			Stall Fee (Friday afternoon thru Saturday) \$35 Make checks						hecks payable
Parent Name:			Friday hight schooling \$20 to: AGS						to: AGS
			Bale of Hay		#	@ \$8		Checks mu	ust be for the exact left open. There is
Owner Information			Total a \$30 charge for checks returned by our bank.						ge for checks y our bank.
Name:			By entering a co	mpetition and	signing this enti	ry blank as the	Owner, Le	ssee, Trainer, M	lanager, Agent,
			Coach, Driver, F and agents, I ag Read it carefull	ee that I am si	ier and on behalf abject to the following	owing. This d	ny princi locument v	pies, representat vaives importai	ives, employees it legal rights.
	State:		· · · · · · · · · · · · · · · · · · ·			n in this Comp	etition, Aut	umn Grove Stab	oles Horse & Pony horse, as a rider,
	(cell)		driver, handler.	essee, owner.	agent, coach, tra	ainer or as a na	rent or gua	rdian of a iunior	exhibitor. Lam
Email:			fully aware and accidents, loss, a death ("HARM"	and serious bo	dily injury included	ding broken bo	ones, head i	njury, trauma, p	ain, suffering, or
			any harm to me resulted, directly	or my horse a	nd for any harm	caused by me	or my horse	e to other even i	if the harm
Signature:		_	risks of harm to to indemnify (th	me or my hors	se, including har v losses, damage	m resulting from the control of the	om the neglurred by) the	igence of the cone competition a	mpetition. I agree nd to hold them
			harmless with the	e respect to the	e claims for har	m to me or my he competition	horse to ot	hers, even if the	harm resulted, ne all risks of
Trainer Information			harm to me or m	y horse, inclu	ding harm result	ing from the n	egligence o	of the competition	n. I have read the
Name:			equipment without while WARNIN	out penalty, an G that no prot	d I acknowledge ective equipmen	that the comp t can guard ag	etition stro ainst all inj	ngly encourages uries. If I am a p	me that I do so parent or guardian e provisions and
Address:			AGREE to assur	ne all of the o	bligations of this	s release on the	e child's be	half. I agree that	t "competition" as
City:	State:	Zip:	affiliated organi	zations. I repre	esent that I have agree that if I ar	the requisite to in injured in thi	raining, coa s competiti	ching and abilit on, the medical	l, volunteers and ies to safely personnel treating
	(cell)		accident/inciden	t report form.	BY SIGNING T	THIS DOCUM	ENT, then	I further agree to	personnel treating EF o be bound by all
	(** /		applicable comp	etition rules a	nd all terms and s must meet the	provisions of t	this entry bl	lank. Exhibitor rule GR1306. Y	s competing in Your signature as
		_	an exhibitor/ ri this rule.	der on the en	try blank will v	erify that you	understan	d and are in co	mpliance with
Signature:		_	Mai	to: AGS, 11	026 Sinepuxen Email entrie	t Road, Berli			1-0723

Show Date: _____