Autumn Grove Stables Entry Form (Snowflake Series)

Signature:

2-Day Show

Show Date(s):

11026 Sinepuxent Road, Berlin, MD 21811 tarae@mchsi.com ****Only 1 form should be completed if you are showing both days. Classes for Saturday start with a 1. Classes for Sunday start with a 2!**** Entry # Horse or Pony Information Coggins Horse or Pony Name Color Age Pony Size Stallion Gelding S M L CESHS# Mare **Rider Information** Birth Date: Classes Entered: Age: Name: _____ MHSA #: _____ Address: _____ CESHS#: Unjudged Schooling Round #_____ @ \$8 OFFICE USE ONLY #_____@ \$10 City: State: Zip: Unrated Classes #_____ @ \$12 MHSA Classes Phone #: (home) _____ (cell) _____ # @ \$15 Check # _____ Medal and Classics Check \$ \$25 Sat. Admin/Grounds Fee (Pre-Entry Discount) -\$10 Signature: ____ Sun. Admin/Grounds Fee \$25 Make checks payable Parent or Guardian signature required if rider is a minor (Pre-Entry Discount) -\$10 Parent Name: to: AGS Stall Fee (Fri-Sun) \$100 Checks must be for the exact Stall Fee (4pm Sat-Sun 1 night) \$50 amount, or left open. There is a \$30 charge for checks \$35 Owner Information Day Stall (per day) returned by our bank. Friday night schooling (without stall) Name: Address: 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. City: _____ State: ____ Zip: ____ 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 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 the obligations of this release on the child's behalf. I agree that "competition" as used above includes all of the obligations of this release on the child's behalf. I agree that competition of a junio Phone #: (home) _____ (cell) _____ Signature: ____ Trainer Information Name: _____ Address: City: _____ State: ____ Zip: ____ Phone #: (home) _____ (cell) _____

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