

## City View Equestrian, LLC Hunter Show Entry Form

Office Use Only:	
Back #	
Reg #	

Rider Name:									
Rider email:									
Rider Phone	Number:								
Horse Name	(as you wou	ıld like it anno	ounced):						
Rabies Date:	Date: Coggins Date:				Rh	Rhino/Flu Date:			
Horse Owner	r Name:								
Trainer Name	e:								
Trainer Email									
Trainer Phon									
Please write the corresponding class numbers in the boxes – Ticketed warm ups can be purchased in the final section						ction			
Rider #1 Class Entries:									
Trainer Class Entries:									
				•	•	•	•	•	

Horses not competing must fill out an entry form in full and pay for EMT, office and grounds fee. Number must be worn while riding

	Classes Entered (\$15/class)	
	Ticketed Warm Up Trips (\$10/trip)	
	Stall (\$50 ea.)	
	Bedding (\$7/bag)	
1	EMT Fee (per rider/horse)	\$10
1	Office/Insurance Fee (per rider/horse)	\$15
	Non showing horse grounds fee (\$25/horse)	
	FOOD TICKETS \$1 each	
	Discounts (For Office Use Only)	·

If paying with Venmo, fill o	out the section below ar	nd send payment to	@cityviewseries	<b>before</b> leaving the sh	now:
Venmo Email or Handle:					

## ALL riders (or parent/guardian of minor) must read and sign Participant's Release of Liability.

Signed Release, payment, and copies of current Proof of Rabies and negative Coggins test must be provided before back numbers will be assigned.

## Participant's Release of Liability:

Horse sports involve inherent dangers and risk of harm to participants, both equine and human. I agree to hold harmless City View Equestrian, LLC, McCormack Properties, LLC, and all members and associates for any injuries resulting from participation in this event. By signing below, I acknowledge I have read, understand, and agree with this release of liability.

If Rider is a MINOR (less than 18 years old):	
Parent/Guardian (PRINT name)	
Parent/Guardian Signature:	
Date signed	_
I certify that I am at least 18 years of age	
Rider (PRINT name)	
Rider's Signature	
Date signed	