

BLACK RIVER HORSE SHOWS

TODAY'S DATE: _____

#	Name of Horse	Sex	Color	Height	Horse's Age	
Name of Rider		Age	DIVISION NAME		CLASS NUMBERS	
Name of Rider		Age	DIVISION NAME		CLASS NUMBERS	
OWNER		RIDER		TRAINER		
Owner: _____		Rider: _____		Trainer: _____		Entry Fees: \$ _____
Address: _____		Address: _____		Address: _____		
Phone #: _____		Phone #: _____		Phone #: _____		
email: _____		email: _____		email: _____		
<p>UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C.287,C:5-15-1 ET SEQ. A PARTICIPANT SHALL SUBMIT A WRITTEN REPORT TO THE OPERATOR SETTING FORTH THE DETAILS OF ANY ACCIDENT OR INCIDENT AS SOON AS POSSIBLE, BUT IN NO EVENT LONGER THAN 180 DAYS FROM THE TIME OF THE ACCIDENT OR INCIDENT.</p> <p>ENTRY AGREEMENT - Release, Assumption of Risk, Waiver, and Indemnification. This document waives important legal rights. Read it carefully before signing. I AGREE in consideration for my participation in this Competition to the following: I AGREE that the "Competition" as used herein includes the USHJA and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm"). I AGREE to hold harmless and release the Competition and its affiliated associations from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, 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 USHJA and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a minor exhibitor, I consent to the minor's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the minor's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this Competition.</p> <p>If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.</p>						Grounds/EMT Fee \$ 10.00
						Total Due \$ _____
						Measurement _____ Vax/Coggins _____
						Verification _____
						O _____
						R _____
						T _____
						H _____
OWNER/AGENT SIGNATURE: _____		RIDER SIGNATURE (or parent of minor): _____		TRAINER SIGNATURE: _____		
PRINT: _____		PRINT: _____		PRINT: _____		

PLEASE MAKE CHECKS PAYABLE TO: Black River

Parent/Guardian Signature (required if rider/handler is a minor): _____

Payment: _____

EMERGENCY CONTACT INFORMATION: Name: _____ **phone:** _____

Payment: _____