

**Country Hill Farm August Horse Show • August 12-13 2017**  
 Enter Online - [www.horseshowing.com](http://www.horseshowing.com) Fax: 410-848-3416

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Horse						MHSA #	Rider Name			
Meas Card	Color	Sex	Height	Age		Horse/Pony SM MD LG	MHSA #	Birthdate	BCHSA #	

**Class Numbers**

Class Numbers

**Entry Agreement**

I understand and agree that by entering this Competition, I am subject to Association Rules, the Prize List, and local rules of the competition.

**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 Licensee and Competition Management, as well as all of their officials, officers, directors, employees, personnel, volunteers and Federation affiliates.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports 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 Association and the Competition 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 resulted, directly or indirectly, from the negligence of the Association or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Association or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Association 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 Association 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 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 represent that I have the requisite training, coaching, and abilities to safely compete in this competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Association.

BY SIGNING BELOW, I AGREE to be bound by all applicable Association Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List.

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.

Parent/Guardian Signature (Required if Rider/Driver/Vaulter is a minor): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Office/Grounds Fee	\$25.00
Pre-Entry Discount - \$5.00	
Stall Fee - \$75.00/night	
Shavings - \$9.00/bag	
<b>TOTAL DUE</b>	
<b>Coggins - Assession Number</b>	
<b>Date Read</b>	

Owner/Agent (Mandatory)	Rider #1 (Mandatory)	Trainer (Mandatory)	Coach (Mandatory)
Signature	Signature	Signature	Signature
Print Name	Print Name	Print Name	Print Name
Address	Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip	City/State/Zip
Cell Phone	Cell Phone	Cell Phone	Cell Phone
Email	Email	Email	Email
MHSA #	BCHSA #	MHSA #	BCHSA #