

<b>Coggins Rabies</b>	<b>Entry #</b>
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**BRDA 2019 WESTERN Show Entry Competition Date:** \_\_\_\_\_

(Use separate forms for each horse/rider combination)

**ASTM helmet REQUIRED** for all riders under the age of 18 per NYS law and for ALL jumping classes per USEF rules.

<b>BRDA Member</b>	<b>Y</b>	<b>N</b>
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**Rider Name (PRINT):** \_\_\_\_\_ **HORSE Name:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **Horse Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
 **Adult Rider**     **Junior/Young Rider (date of birth):** \_\_\_\_\_

**Mail entry form to:** BRDA, PO Box 250, Brookfield, NY  
13314 OR email to: [brda50@aol.com](mailto:brda50@aol.com)

Please mark the appropriate boxes below:

<b>Pony/Mini</b>	<b>Open Western Pleasure (W/J/L)</b>	<b>Youth 13 &amp; under Western Pleasure (W/J//L)</b>	<b>Youth 14 to 18 Western Pleasure (W/J/L)</b>	<b>Novice Adult Western Pleasure W/J/L</b>
<input type="checkbox"/> 39 – Pony/Mini Halter	<input type="checkbox"/> 35 - Command (Eng/West)	<input type="checkbox"/> 42 – Showmanship (Eng/West)	<input type="checkbox"/> 43 – Showmanship (Eng/West)	<input type="checkbox"/> 44– Showmanship (Eng/West)
<input type="checkbox"/> 40 Pony/Mini showmanship	<input type="checkbox"/> 37 – Halter (Eng/West)	<input type="checkbox"/> 52 – Western Pleasure	<input type="checkbox"/> 53 – Western Pleasure	<input type="checkbox"/> 54 – Western Pleasure
	<input type="checkbox"/> 41 – Showmanship (Eng/West)	<input type="checkbox"/> 59 – Western Equitation	<input type="checkbox"/> 60 - Western Equitation	<input type="checkbox"/> 61 - Western Equitation
	<input type="checkbox"/> 51. Western Pleasure			
	<input type="checkbox"/> 58 – Western Equitation			
<b>Novice Youth Western Pleasure W/J/L</b>	<b>Beginner Western Pleasure Walk/Jog</b>	<b>Leadline NO Entry Fee</b>	<b>Retired (Over 50) Walk/Jog</b>	<b>Walk (English/Western)</b>
<input type="checkbox"/> 45 – Showmanship (Eng/West)	<input type="checkbox"/> 46 – Showmanship (Eng/West)	<input type="checkbox"/> 36 - Leadline	<input type="checkbox"/> 47 – Showmanship	<input type="checkbox"/> 48 – Walk Pleasure
<input type="checkbox"/> 55 – Western Pleasure	<input type="checkbox"/> 56 – Western Pleasure		<input type="checkbox"/> 57 – Western Pleasure	<input type="checkbox"/> 49 – Walk Over Poles
<input type="checkbox"/> 62 – Western Equitation	<input type="checkbox"/> 63 – Western Equitation		<input type="checkbox"/> 64– Western Equitation	
<b>Ranch Horse</b>				
<input type="checkbox"/> 65 – Ranch Pleasure				
<input type="checkbox"/> 66 – Ranch Pattern				

**General Release**

I understand that horseback riding, and in particular jumping, is a high-risk sport and I am participating in this competition at my own risk. I hereby assume this risk, and further do hereby release and hold harmless the Brookfield Riding and Driving Association, the Organizer, the Organizing Committee, judges, officials and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this competition. I will abide by all regulations and safety rules.

Riders Signature (Parent if rider is a minor) and Date \_\_\_\_\_

**Classes \$8 (pre-register), \$12 day of show**

**FEES ENCLOSED**

<b>Class Fee(s)</b>	
<b>Office Fee</b>	<b>\$10.00</b>
<b>Stall(s) Fee</b>	
<b>Stall Deposit</b>	
<b>Camping Fee</b>	
<b>Total Fees</b>	

**Medical Release on reverse side. You must sign to receive an entry number!**

**Medical Release**

**Adult Rider:** If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it:

Signature/Date \_\_\_\_\_

**Minor Rider:** If emergency medical care is required for \_\_\_\_\_ (child's name) and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it: \_\_\_\_\_ (Signature of Parent/Guardian/Date)

**Photo Release Form**

I hereby give permission to use my name and photographic likeness in all forms and media for advertising, exposition displays, trade, and any other lawful purposes.

Print Name: \_\_\_\_\_ Print Name (spouse): \_\_\_\_\_

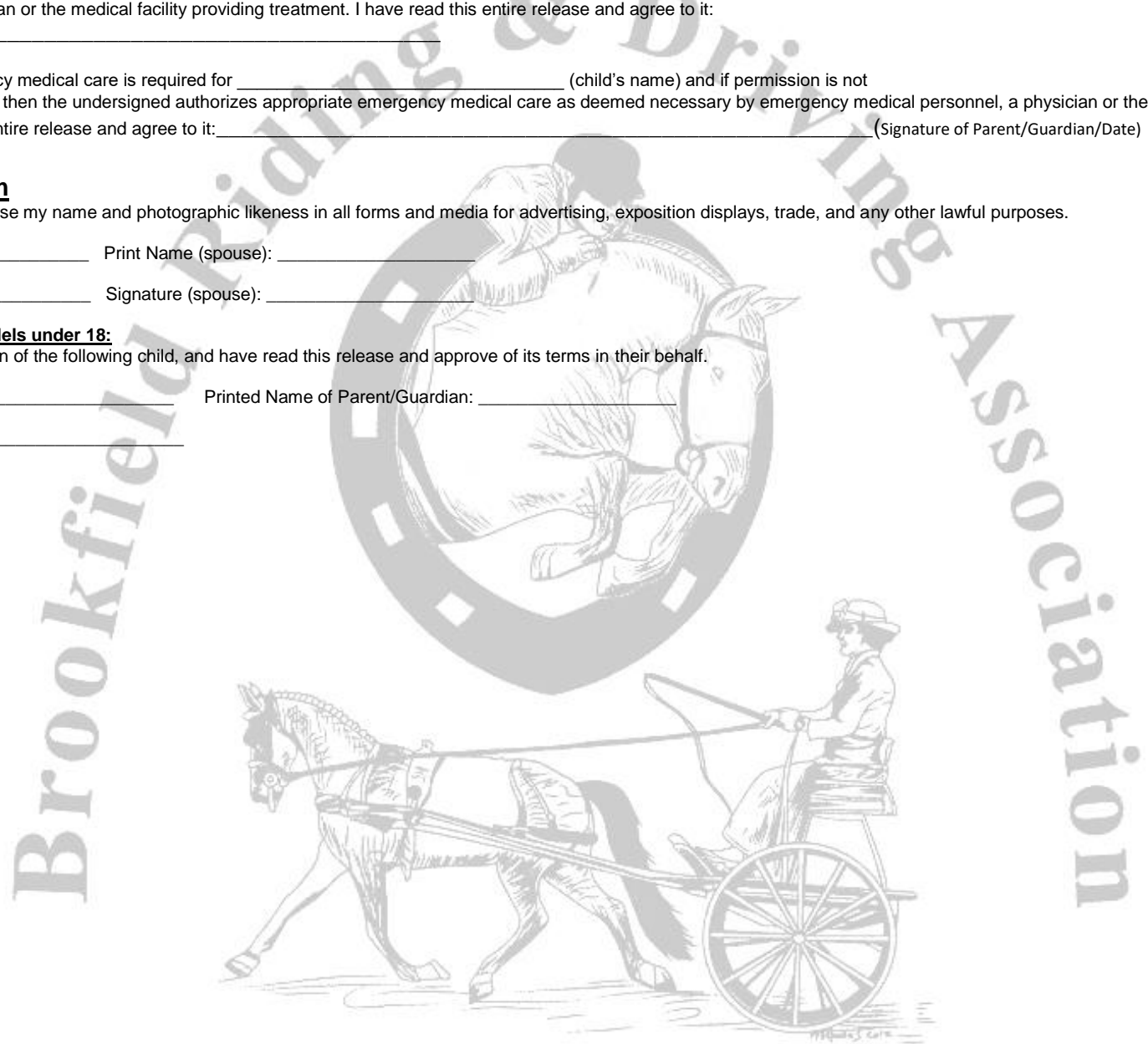
Signature: \_\_\_\_\_ Signature (spouse): \_\_\_\_\_

**Guardian Consent For Models under 18:**

I am the parent/legal guardian of the following child, and have read this release and approve of its terms in their behalf.

Printed Name of Child: \_\_\_\_\_ Printed Name of Parent/Guardian: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_



5/24/19