

AUTUMN CLASSIC @ JOURNEY'S END

back #	Name of Horse	Sex	Color	Height	Horse's Age	
Name of Rider		DIVISION NAME		CLASS NUMBERS		
Name of Rider		DIVISION NAME		CLASS NUMBERS		
OWNER		RIDER		TRAINER		
Owner: _____	Rider: _____	Trainer: _____		Entry Fees: \$ _____		
Address: _____	Address: _____	Address: _____		Covid19/Office Fee \$ 20.00		
Phone #: _____	Phone #: _____	Phone #: _____				
email: _____	email: _____	email: _____				
Tax Information (For Prize Money Awarded):						
Name: _____		Mailing Address _____				
SS# or Fed ID #: _____						
<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 Competition Management, Silver Stirrup Show Series, Fabulist, LLC, Journey's End Farm 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 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 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 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. 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>						
				Total Due \$ _____		
				Measurement	Vax/Coggins	
				Verification		
				O _____		
				R _____		
				T _____		
				H _____		
OWNER/AGENT SIGNATURE: _____		RIDER SIGNATURE (or parent of minor): _____		TRAINER SIGNATURE: _____		COACH SIGNATURE: _____
PRINT: _____		PRINT: _____		PRINT: _____		PRINT: _____

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

Payment: _____

EMERGENCY CONTACT INFORMATION: Name: _____ phone: _____

Payment: _____