

#	Name of Horse	Sex	Color	Height	Horse's Age

Name of Rider #1	DIVISION NAME	CLASS NUMBERS

Name of Rider #2	DIVISION NAME	CLASS NUMBERS

OWNER		RIDER		TRAINER	
Owner: _____	Rider: _____	Trainer: _____	Entry Fees: \$ _____		
Address: _____	Address: _____	Address: _____			
Phone #: _____	Phone #: _____	Phone #: _____			
Email: _____	Email: _____	Email: _____			
			\$ _____		

By entering this Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulteur or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the local rules and regulations of the competition. I agree to be bound by the rules of the competition. I will accept as final the decision of the Committee on any question arising under the Rules, and agree to release and hold harmless the competition, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition or sport. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. **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, Briarwood Farms, Inc., as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulteur, 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 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 have read the Competition Rules about protective equipment, and 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. 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 accident/injury report form. BY SIGNING BELOW, I AGREE to be bound by all applicable Competition 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. WARNING: UNDER PENNSYLVANIA LAW, AN EQUINE ACTIVITY SPONSOR OR PROFESSIONAL SHALL NOT BE LIABLE FOR ANY INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES. Code of Pennsylvania SB 618.

Grounds Fee \$ 15.00

Total Due \$ _____

Vax	Coggins
Verification	
O _____	
R _____	
T _____	
H _____	

MAKE CHECKS PAYABLE TO: BRIARWOOD FARM

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: _____

Is Rider/Driver/Vaulteur a U.S. Citizen? YES _____ NO _____

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