

## High Point Equestrian Center

Dressage Schooling, Combined Test & Horse Trials 2013 Show Series Entry Form

4/14,\* 7/14, 8/18, 9/22, 10/13

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*	Dressage/Cor	mbined	Test only	for these	date

DATE OF COMPETITION							
ENTRY	SIGNATURE	COGGINS					

RIDER							Junior	Junior		Senior		
Street						Birth Date						
City, State, Zip						Phone						
email					signature							
CLASSES:												
CLASS/DIVISION and/or LEVEL	.:											
MARSHALL & STERLING MEMBERSHIP NUMBER:												
NAME OF HORSE					(	Color	9	Sex	Age			
OWNER					Phone							
Street					email							
City, State, Zip					signature							
TRAINER				Phone								
Street				email								
City, State, Zip					signature							
			cks payable			SHO	W FEES	3: Class n	umbers lis	ted on priz	ze list	
			Equestrian (			FEES ENCLOSED						
Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read carefully before signing. I AGREE in consideration for my participation in the Competition the following: I AGREE that I choose to participate voluntarily in the Competition with my horse, as richandler, lessee, owner, agent, coach, trainer or as parent or guardian of a junior exhibit fully aware and acknowledge that horse sports and the Competition involve dangerous accident, loss and serious bodily injury including broken bones, head injuries, trauma, suffering and death ("Harm"). I AGREE to release the Competition from all claims for money damages, or otherwise tharm to me or my horse and for any Harm caused by me or my horse to others, even it resulted, 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 resifrom 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 hor for claims made by others for any Harm caused by me or my horse at the Competition. I have read the Competition rules about protective equipment and I understand that I a required to wear protective ASTM-Approved protective headgear whenever mounted, a acknowledge that the Competition strongly encourages me to do so while WARNING tiprotective equipment can guard against all injuries. If I am a parent or guardian or a junior exhibitor, I consent to the child's participation an AGREE to all the above provisions and AGREE to assume all of the obligations of this on the child's behalf. I AGREE that Competition as used above includes of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I REPRESENT					der.	Dressage Tests @ \$2			ea			
					or. I am risks of	Fix-A-Test @ \$45 ea (total of 2 dressage tests)						
						,		@ <b>\$20</b> ea				
					ulting	Clear Round Ju			О еа			
						Combined Tests @ \$45 ea (1 dressage test & 1 jumping)						
					ınd I	Horse Trials @ \$75 ea (dressage, jumping & x-country)  Marshall & Sterling Jumper \$130 (\$75 nomination, \$55 entry)  Gambler's Choice or Jumper Derby @ \$40 ea						
					that I							
have the requisite training, coaching and abilities to safely compete in this competition.				$\neg$ $ $	Horse Rental @ \$50							
Rider Signature Parent/Guardian Signature required if rider/handler is a minor					Stalls @ \$25 ea/per day		у					
				$\neg$		Stabling	Dates					
Owner Signature							Total Ar	mount				