

High Point Equestrian Center

Dressage Schooling, Combined Test & Horse Trials 2015 Show Series Entry Form

DATE OF COMPETITION								
ENTRY	SIGNATURE	COGGINS						

4/19, 6/21, 7/19, 8/23, 9/20, 10/18

RIDER						Jur	Junior Senior						
Street						Bir	Birth Date						
City, State, Zip						Pho	one						
email					signature	ynature							
CLASSES:													
CLASS/DIVISION and/or LE	VEL:												
MARSHALL & STERLING MEMBERSHIP NUMBER:													
NAME OF HORSE					Color		Sex		Age				
OWNER				Phone									
Street				email	mail								
City, State, Zip				signature	ignature								
TRAINER			Phone										
Street			email										
City, State, Zip					signature								
Make checks payable to: High Point Equestrian Center				SHOW FEES: Class numbers listed on prize list									
Release, Assumption	of Risk, W	aiver and	Indemnific	ation		FEES ENCLOSED							
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 rider, handler, 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 dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering and death ("Harm"). I AGREE to release the Competition from all claims for money damages, or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if Harm 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 resulting from 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 at the Competition. I have read the Competition rules about protective equipment and I understand that I am required to wear protective ASTM-Approved protective headgear whenever mounted, 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 or a junior exhibitor, I consent to the child's participation and AGREE to all the above provisions and AGREE to assume all of the obligations of this Release 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 that I have the requisite training, coaching and abilities to safely compete in this competition.					Dressage 1	Tests @ \$	25 ea						
					or. I am risks of	Fix-A-Test @ \$55 ea (total of 2 dressage tests)							
						Leadline @ \$20 ea							
					ılting	Clear Round Jump @ \$20 ea							
					rse, and	Combined Tests @ \$45 ea (1 dressage test & 1 jumping)							
					nd I	Horse Trials @ \$75 ea (dressage, jumping & x-country)							
						Jumper Derby @ \$40 ea							
					that I	Gambler's Choice @ \$40 ea							
nave the requisite training, coaching and abilities to safely compete in this competition.						Horse Re	ental @ \$	50					
Rider Signature Parent/Guardian Signature required if rider/handler is a minor						Stalls @ \$	25 ea/per	day					
					\neg	Stabli	ing Dates						
Owner Signature						Total	Amount						