High Point Equestrian Center

DATE OF COMPETITION

SIGNATURE

COGGINS

ENTRY

Dressage Schooling, Combined Test & Horse Trials 2016 Show Series Entry Form

4/24, 5/29, 6/26, 7/24, 8/21, 9/25, 10/23

RIDER								Junior		Senior		
Street						Birth Date						
City, State, Zip							Phone					
email					signature							
CLASSES:												
CLASS/DIVISION and/or LE	VEL:											
MARSHALL & STERLING MEMBERSHIP NUMBER:												
NAME OF HORSE						Cold	or	Se	ex	Age		
OWNER				Phone								
Street				email								
City, State, Zip				signature	signature							
TRAINER				Phone	Phone							
Street					email	email						
City, State, Zip				signature	signature							
			ecks payabl			SHOW	FEES: CI	ass nı	umbers lis	sted on pri	ze list	
High Point Equestrian Center					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 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.					Dressag	je Tests @	∮ \$25 e	a				
					or. I am risks of		-Test @ \$ f 2 dressage					
					or any	Lead	lline @ \$2	20 ea				
						Clear Round Jump @ \$20 ea						
					rse, and		ed Tests @ ge test & 1 j					
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				ind I	Horse (dressage,	Trials @ \$	\$75 ea x-country	y)				
			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									
protective equipment can gua If I am a parent or guardian of AGREE to all the above prov	ard against all i r a junior exhit	njuries. pitor, I consent					mper Derl @ \$40 ea	by				
protective equipment can gua If I am a parent or guardian of AGREE to all the above prov on the child's behalf. I AGREE that Competition as employees, agents, personne	ard against all i r a junior exhit isions and AGF used above ir el, volunteers a	njuries. itor, I consent REE to assum icludes of their nd affiliated or	e all of the oblig r officials, office rganizations. I	gations of this ers, directors, REPRESENT	Release that I	Gam		-				
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Owner Signature

High Point Equestrian Center

Stabling Dates

Total Amount