

High Point Equestrian Center

Dressage Schooling, Combined Test & Horse Trials 2014 Show Series Entry Form

6/29, 7/27, 8/17, 9/28, 10/26

DATE OF COMPETITION									
ENTRY	SIGNATURE	COGGINS							

RIDER													
RIDER						Junior		or	Senior				
Street							Birth	Birth Date					
City, State, Zip							Phon	e					
email					signature								
CLASSES:													
CLASS/DIVISION and/or LE	VEL:												
MARSHALL & STERLING MEMBERSHIP NUMBER:													
NAME OF HORSE						Color		Sex	Age				
OWNER					Phone								
Street					email	email							
City, State, Zip					signature								
TRAINER					Phone	Phone							
Street					email	email							
City, State, Zip					signature								
			cks payable		Γ	SHOW FE	ES: Class	numbers lis	sted on pri	ze list			
	ŀ	High Point E	Equestrian (Center	Ī	FEES ENCLOSED							
Release, Assumption of Risk, Waiver and Indemnification This document waives important legal rights. Read carefully before signing.				Dressage '	Tests @ \$25	i ea							
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 ride					.								
fully aware and acknowledge	handler, lessee, owner, agent, coach, trainer or as parent or guardian of a junior exhibito fully aware and acknowledge that horse sports and the Competition involve dangerous r accident, loss and serious bodily injury including broken bones, head injuries, trauma, p.												
suffering and death ("Harm"). I AGREE to release the Competition from all claims for money damages, or otherwise for Harm to me or my horse and for any Harm caused by me or my horse to others, even if					tor. I am risks of		est @ \$55 ea dressage test						
I AGREE to release the Com	odily injury inclu petition from al	orts and the Co uding broken be Il claims for mo	empetition involones, head injudency damages,	a junior exhibit lve dangerous iries, trauma, p or otherwise f	tor. I am risks of pain, or any	(total of 2		s)					
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Total Amount