

## 2017 Country Heir Farm May 26, 27, 28 Entry Form

Show location and Mail Entries to: Frankie Stark 20336 Stark Rd Fayetteville, OH 45118	This entry may be completed online by going to <b>www.horseshowing.com</b>	Be sure to Call Frankie with your stalls counts and shavings needs plenty early as space is limited. Beautiful Camper spots are available at \$60. <b>513-875-3318</b>
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Horse Name:	Sex:	Age	Ht:	Color	_____ Stall \$90 _____ Tack Stall \$90	\$	
Rider #1 Name:	DOB	Email:			Shavings \$9.00 each	# of shavings	\$
Rider #2 Name:	DOB	Email:			Office/Operations Fee \$40		\$
					EMT Fee \$10		\$
Rider #3 Name:	DOB	Email:			Classes:	# of Classes	\$
Stable with:	Emergency Contact #:				Non Showing Horse \$50		\$
Day of Arrival:	Email Address:			Ck# _____ enclosed	Total Fees		\$
<b>Rider #1 Classes</b>	<b>Rider #2 Classes</b>			<b>Rider #3 Classes</b>			

### 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, Country Heir...

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as a 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 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 the 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 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 at the Competition. I have read the horse shows rules about protective equipment, I agree to abide by them, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that management 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 AGREE that the "Competition" as used above includes all 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.

**BY SIGNING BELOW, I AGREE** to be bound by all applicable Rules, and all terms and provisions of this entry form.

**Rider #1 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian Name: \_\_\_\_\_

**Rider #2 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian Name: \_\_\_\_\_

**Rider #3 Parent/Guardian Signature** (Required if rider/driver/handler is a minor) \_\_\_\_\_ Print Parent/Guardian Name: \_\_\_\_\_

**Owner info and Owner Signature (mandatory)**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Rider #1 Information (mandatory)**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Rider #2 Information (mandatory)**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Trainer (mandatory)**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_