

Heavenly Rose Equestrian Schooling Shows

Email entries to heavenlyroseequestrian@gmail.com or mail to 8 Linn Smith Rd.,

Date (circle one): 16 May / 12 September / 3 October

Augusta, NJ 07822 to be received by 7 PM the Friday before the show.

Horse/Pony Name:				Rider Name:	Office Use Only:	
Height	Sex	Age	Color	Rider Age:		

Class Numbers:

Entry Agreement: I understand and agree that by entering this Competition, I am subject to the Prize List and local rules of the competition.
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 (Heavenly Rose Equestrian Schooling Show Series) to the following:
 ♣ I AGREE that the "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, personnel, volunteers and Federation affiliates.
 ♣ 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 parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports 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 hold harmless and release the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results 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 while at the Competition. I understand that I am entitled to wear protective equipment without penalty, 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 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 represent that I have the requisite training, coaching, and abilities to safely compete in this competition.
 ♣ I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Competition.
 ♣ BY SIGNING BELOW, I AGREE to be bound by all applicable Association Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Office fee	\$ 10.00
Class fees	\$
Total due	\$
Coggins date:	
Flu/Rhino Date:	

Make Checks Payable To:
Julia Torres
 No Credit Cards
 Cash or Check Only

Parent/Guardian Signature (required if rider is a minor): _____
 Print Parent/Guardian Name: _____ Emergency Contact Number: _____

Owner/Agent	Rider	Trainer
Signature	Signature	Signature
Print Name	Print Name	Print Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
Telephone	Telephone	Telephone
Email	Email	Email