

# Entry Form – Flag. Eq. Ctr. Jumper Schooling Day 11/10/2018

Number \_\_\_\_\_

*One horse-rider combination per entry form.*

**Show Date:** \_\_\_\_\_

**Office Use Only**

Payment:  cash  check # \_\_\_\_\_  open ck closed

Other #s on same check \_\_\_\_\_

Other #s w/ same horse \_\_\_\_\_ #'s with same rider \_\_\_\_\_

**Rider Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Show age (on 12/1/17) \_\_\_\_\_

**Horse Information**

Name \_\_\_\_\_

Owner \_\_\_\_\_

**Classes Entered**


**Fees**

Total class fees	
<b>TOTAL FEES</b>	

Release on File

Signature of Rider \_\_\_\_\_

Signature of Parent/Legal Guardian (required if rider is less than 18 years of age) \_\_\_\_\_



# Flagstaff Equestrian Center

2600 W KILTIE LN, FLAGSTAFF, AZ 86005

## RELEASE AND HOLD HARMLESS AGREEMENT

**WHEREAS, the UNDERSIGNED** acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury and/or death from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured or killed in normal use or in competition and schooling:

**IN CONSIDERATION**, therefore, for the privilege of stabling, riding and working around horses at the PROPERTY located at FLAGSTAFF EQUESTRIAN CENTER , 2600 W KILTIE LN, FLAGSTAFF, AZ 86005; GOLDEN SAGE FARM, 6200 E BURRIS LN, FLAGSTAFF, AZ 86004 or any other venue, horse show, clinic, equine hospital, park or trail, the UNDERSIGNED, does hereby agree to hold harmless and indemnify GOLDEN SAGE, LLC and/or any employee or agent of FLAGSTAFF EQUESTRIAN CENTER and further release them from any liability or responsibility for accident, damage, injury, illness or death to the UNDERSIGNED or any horse owned by the UNDERSIGNED or to any FAMILY MEMBER or SPECTATOR accompanying the UNDERSIGNED while occupying ANY of the mentioned facilities and/or under the direction or care of GOLDEN SAGE, LLC or FLAGSTAFF EQUESTRIAN CENTER.

Rider / Spectator Name: \_\_\_\_\_

Responsible Party / Relationship: \_\_\_\_\_

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

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

**I have read, understood and agree with the above statements:**

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

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