

The Overlook Horse Show Series

at Liberty Line Farm



Date of Show _____ 5/23 _____ 6/6 _____ 6/20 _____ 7/5 _____ 8/1

Back Number: _____

FOR OFFICE USE ONLY

NAME OF HORSE/PONY		AGE	HEIGHT
HORSE/PONY OWNER NAME			
PRINTED		SIGNATURE	
ADDRESS	CITY	STATE	ZIP

NUMBER OF CLASSES	FEE	TOTAL
	X \$25.00	
OFFICE FEE	\$10.00	
GROUND/EMT FEE	\$20.00	
TOTAL		

PLEASE MAKE ALL CHECKS PAYABLE TO **LIBERTY LINE FARM**
 ALL RIDERS MUST HAVE A SIGNED WAIVER PRIOR TO SCHOOLING OR SHOWING
 WITH THEIR BACK NUMBER VISIBLE AT ALL TIMES.
**NEGATIVE COGGINS NEED TO BE ATTACHED TO THIS EMAIL WITH THE ENTRY FORM
 IN ORDER TO HAVE OFFICE FEE WAIVED.**

PAID VIA CASH _____ OR CHECK _____ # _____
 ____/____/____ DATE OF NEG. COGGINS

TRAINER NAME			
ADDRESS	CITY	STATE	ZIP

NAME (RIDER 1)	AGE	CLASSES															
ADDRESS		CITY	STATE	ZIP	CELL PHONE												
NAME (RIDER 2)	AGE	CLASSES															
ADDRESS		CITY	STATE	ZIP	CELL PHONE												

I understand that neither Liberty Line Farm, its owners, employees, judges, or organizing committee accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, trainers, spectators or any other person or property in connection with this competition. I hereby expressly agree for myself and my principals, representatives, employees and agents: (1) to be bound by the local rules of this competition; (2) that every horse and rider is eligible as entered; and (3) and to accept as final any decision the competition officials on any question arising under the competition rules, and agree to hold the LLF, its owners, employees, judges, or organizing committee, harmless for any action taken. I am fully aware that horse sports, and this competition involve inherent dangerous risk of serious injury or death and by participating I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to release the Liberty Line Farm, its employees, owners, show committee and competition judges, from and against all claims including any injury or loss suffered during or in conjunction with the Competition. I agree to indemnify and hold harmless the LLF its employees, owners, competition judges, from any and all claims for loss or injury caused by me or my horse that occur during or in conjunction with this competition. I agree to sign this agreement electronically.

Name _____ Signature _____ Date _____
 Print Name Signature of Parent/Guardian if Minor is Registering