

SADDLE RIVER EQUESTRIAN: SHOW SERIES ENTRY FORM

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Horse WHVPHA#	Horse Name:	Sex	Foaling Date	Color	Age	Height	Size	
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Primary Owner Name:	WHVPHA#	Owner Email Address:	Owner Signature-I have read/agree to Federation Entry Agreement below
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Owner Address	City/State/Zip	Cell Phone:	Home Phone:	Emergency Phone:
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Rider #1 Name:	WHVPHA#	DOB or Age as of 12/1	Rider #1 Email Address:	Rider #1 Signature-I have read/agree to Federation Entry Agreement below
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Rider #1 Address	City/State/Zip	Cell Phone:	Home Phone:	Emergency Phone:
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Rider #1 Classes by Number	Rider #1 Sections
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Rider #2 Name:	WHVPHA#	DOB or Age as of 12/1	Rider #2 Email Address:	Rider #2 Signature-I have read and agree to Federation Entry Agreement below
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Rider #2 Address	City/State/Zip	Cell Phone:	Home Phone:	Emergency Phone:
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Rider #2 Classes by Number	Rider #2 Sections
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Entry Agreement

I have read the Entry Agreement for above show and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Show Rules and the Prize List. I agree to waive the right to the use of my photos from the competition, and agree that any actions against the Show must be brought in the state of New Jersey.

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 to the following: I AGREE that "the Competition" as used herein includes the Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and 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 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 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 resulted, directly or indirectly, from the negligence of the Federation or 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 have read the Show Rules about protective equipment, including GR801 and if applicable, EV1 14, and 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 Show on the official USEF accident/injury report form. BY SIGNING BELOW, I AGREE to be bound by all applicable Show 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. Under New Jersey law, an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities, pursuant to P.L., Chapter 287.

Show Fees:	Qty	Amount
Payment Information		

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor) _____ **Print Parent/Guardian Name:** _____

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:** _____

Trainer:	Cell #	Email Address:
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Address:	City/State/Zip	Trainer Signature
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Taxpayer Name:	Address/City/State/Zip	SS# or TIN
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