

SADDLE ROWE HORSE SHOW

Please send entries to: Saddle Rowe Horse Show, Box 675 Medway, MA 02053

Pre-Entries close at 4:00 pm on the
Friday before the show

# Assigned	Name of Horse or Pony	Sex	Height	Color	Pony <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Am. Adult Age <input type="checkbox"/> 18-35 <input type="checkbox"/> Over 35
	RIDER	Date of Birth	MHC #	NEHC #	SEHA	CLASSES NUMBERS ENTERED
Rider #1						TOTAL FEES THIS SECTION
Rider #2						\$

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 I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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.

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 "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank.

WARNING

Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D.

ADMIN FEE/EMT	\$25.00
WARM UP(S) (\$15)	
MHC FEE	\$1.00
COACHING (SRF ONLY)	
SHOW PREP (SRF ONLY)	
RENTAL (SRF ONLY)	
POST ENTRY FEE \$20.00	
GRAND TOTAL	

(Office Use Only Below)

Amt. Rec. _____

Ck# / Cash _____

X _____	X _____	X _____	X _____
Rider#1 Signature	Rider#2 Signature	Trainer's Signature	Owner/Agent's Signature
Name _____	Name _____	Name _____	Name _____
Address _____	Address _____	Address _____	Address _____
City _____	City _____	City _____	City _____
State/Zip _____	State/Zip _____	State/Zip _____	State/Zip _____
Phone _____	Phone _____	Phone _____	Phone _____
E-mail _____	E-mail _____	E-mail _____	E-mail _____
Parent/Guardian Signature (Required if rider/driver/handler is a minor)	Parent/Guardian Signature (Required if rider/driver/handler is a minor)	Coach Signature	
Print Name _____	Print Name _____	Print Name _____	