

# Gray Horse Farm Horse Shows

**April \_\_\_\_\_ May \_\_\_\_\_ July \_\_\_\_\_ September \_\_\_\_\_**

Entries Close: Thursday Before The Show for Jumpers. Friday Before the Show for Hunters

Office Use Only

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 Coggins \_\_\_\_\_  
 Date Blood \_\_\_\_\_  
 Drawn \_\_\_\_\_

Horse's Name: \_\_\_\_\_

T.I.P # \_\_\_\_\_

Owner: \_\_\_\_\_

**Classes:**

**Rider #1 Name:**

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**Rider #2 Name:**

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**Horse Show 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 above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. 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 Federation and 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, 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 have read the Rules about protective equipment, including GR801 and, if applicable, EV114 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 Competition. BY SIGNING BELOW, I AGREE to be bound by all applicable 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.

Parent/Guardian Signature: (Required if Rider/Handler is a minor) \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

**Owner or Agent (mandatory)**

**Rider #1 (mandatory)**

**Rider #2 (mandatory)**

**Trainer (mandatory)**

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Office fee	10.00
Schooling Fee: 25.00	
Class Fee: 18.00 x _____	
Late Class: 20 x _____	
<b>Total</b>	
No fee to scratch	
Make Checks Payable to: Gray Horse Farm	
Mail Entries to	
Gray Horse Farm 2766 Ballsville Rd. Powhatan Va. 23139 804-241-3377	

