

Owner _____ Address _____ City _____ State _____ Zip _____ Telephone ____/____/_____ Owner's Signature _____	ONE HORSE PER FORM	Trainer _____ Address _____ City _____ State _____ Zip _____ Telephone ____/____/_____ Trainer's Signature _____
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Office Use Only	Name of Horse	Breed	Registration #	Height	Equine Age	Coggins #	
Back #							

Name of Rider	City & State	Age	Class#	Name of Class	Entry Fee

Class Entry Fee:	Champion Class	DQP Fee:	Office Fee:	Total Amount Due
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DISCLAIMER: I understand that neither the ("Competition"), Competition judges, officials or organizing committee or host organization, nor the property owners accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, drivers, grooms, passengers, attendants, 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 rules of this Competition; 2) that every horse, driver, attendant, groom and/or passenger is eligible as entered; and 3) and to accept as final any decision of the Competition officials on any question arising under the rules or any local rules of the Competition, and agree to hold the Show, its officers, directors, employees and agents, and Competition judges, officials, Host Organizations and organizing committee, harmless from and against all claims including any injury or loss suffered during or in conjunction with the Competition, whether or not such claim injury or loss resulted, either directly or indirectly, from the negligent acts or omissions of the Show, its officers, directors, employees and agents, or Competition judges, officials, Host Organizations and organizing committee.

I have read the Disclaimer above and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to the rules of the Competition and the prize list.

Date: ____/____/____

Rider #1 Signature _____ Rider #2 Signature _____ Parent/Guardian _____