White Hollow Farm Schooling Show Series Entry Blank

Owner:	Horse:			_		
Rider 1:				Horse Heigh		
Rider 2:	CDHJC/USHJA	۸4.	Age:	Classes:		
Day Stall Fee \$65	CDHJC/USHJA		Age:	Classes:		
Overnight & Day Stall Fee \$75		ENTRY AGREEMENT - 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 USHJA and 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, handler, 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 USHJA 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 cause by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the USHJA 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 USHJA or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA and the Competition and				
Shavings \$8 Stall Clean \$20_						
Class Entry Fee \$35 x=						
Open Schooling Fee \$20						
Unjudged Schooling Trip \$30						
Jumper Blue Ribbon Trip \$35	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 understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USHJA 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 BY SIGNING BELOW, I AGREE to be bound by the terms and provisions of this entry blank and all terms submitting this Agreement					
Office Fee \$20 (\$30 post entry)						
USHJA Fee \$2 Outreach Entry only						
Non Showing Horse \$30						
TOTAL AMOUNT DUE \$						
Owner	Trainer		Rider #1		Rider#2	
Name:	Name:		Name:		Name:	
Address:	Address:		Address:		Address:	
Phone:	Phone:		Phone:		Phone:	
Signature:	Signature:		Signature:		Signature:	
*If under 18, parent/guardian must sign. Back numbers will not be issued without proper signatures.				Email to: Sar	Email to: Saratogahorseshows@gmail.com	
The Adobe Scan app(free) on smartp	hones work great f	for signing and se	nding docume	nts-sign-take picture-o	converts to PDF-send	

I understand that there is an inherent risk involved in the participation of horse sports and activities. I therefore agree to not hold Ridge Brook Farm, its officers, Southbound Saratoga Management, its officers, the property owners, employees, volunteers, CDHJC, USHJA, White Hollow Farm, Saratoga Horse Shows, its officers, or any individual responsible for any accident, damages, injury, or illness to horses, owners, riders, employees, attendees, or any other person or property in connection with this event. I hereby agree for myself and my representatives to be bound by this statement, and use the facility and area at my own risk. I agree to participate voluntarily and waive my legal rights.