

#	Name of Horse	Sex	Color	Pony Size	Horse's Age	HUNT CLUB AFFILIATION	TIP NUMBER
S				S / M / L			
NAME OF RIDER #1		DIVISION NAME		CLASS NUMBERS			
NAME OF RIDER #2		DIVISION NAME		CLASS NUMBERS			
OWNER		RIDER		TRAINER			
Owner: _____		Rider: _____		Trainer: _____			
Address: _____		Address: _____		Address: _____			
_____		_____		_____			
Phone: _____		Phone: _____		Phone: _____			
email: _____		email: _____		email: _____			
PLEASE MAKE CHECKS PAYABLE TO: LCHS						ENTRY FEES:	
<p>RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION</p> <p>This document waives legal rights. Read it carefully before signing.</p> <p>I AGREE in consideration for my participation in the Competition to the following:</p> <p>I AGREE that the "Competition" as used above includes the Ludwig's Corner Horse Show, the Ludwig's Corner Horse Show Association/Foundation, all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.</p> <p>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 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").</p> <p>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 results, directly or indirectly, from the negligence of the Competition.</p> <p>I AGREE to expressly assume all risks of Harm to me or my horse, including Harm results from the negligence of the Competition.</p> <p>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 claim made by others for any Harm caused by me or my horse while at the Competition.</p> <p>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.</p> <p>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.</p> <p>I represent that I have the requisite training, coaching and abilities to safely compete in this competition.</p> <p>I AGREE that if I am injured at the competition, the medical personnel treating my injuries my provide information on my injury and treatment to the Competition.</p> <p>BY SIGNING THE ENTRY FORM I AGREE to be bound by all applicable Competition 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.</p>						Non-Refundable Office Fee \$25	\$25
						EMT/Grounds Fee \$5	\$5
						Stall Fee \$150 order & pay by 8/21	
						Post Entry Fee \$25	
						Best Child Rider Armband \$10 (Sunday ONLY / optional)	
TOTAL DUE						\$	
Fax to 908-534-8843							
OWNER/AGENT SIGNATURE:	RIDER #1/ SIGNATURE (or parent of minor):	RIDER #2/ SIGNATURE (or parent of minor):	TRAINER SIGNATURE:		Coggins		
PRINT:	PRINT:	PRINT:	PRINT:		Vax		
EMERGENCY CONTACT INFORMATION: NAME:				Phone:			
				PAYMENT:			