On Course Show Series

Horse NJHSA# / WHVPHA# Horse Name:					Sex	Foaling Date	Color		Age	Height	Size	
Primary Owner Name:		NJHSA# W		WHVPHA#		Owner Email Address:	wner Email Address:		Owner Signature-I have read/agree to Federation Entry Agreement below			
Owner Address		C	City/Stat	e/Zip			Cell Phone: H		lome Phone:		Emergency Phone:	
Rider #1 Name:		NJHSA#			DOB or Age as of 12/1	Rider #1 Email Address:	: Rider #1 Signature-I have rea		e-I have read/agree	agree to Federation Entry Agreement below		
Rider #1 Address		C	City/Stat	e/Zip			Cell Phone:	Но	me Phone:		Emergency Phone	2:
Rider #1 Classes by Number	ider #1 Classes by Number					Rider #1 Sections						
Rider #2 Name:		NJHSA#			DOB or Age as of 12/1	Rider #2 Email Address:			Rider #2 Signature-I have read and agree to Federation Entry Agreement below			
Rider #2 Address		(City/Stat	e/Zip			Cell Phone:	Но	ome Phone:		Emergency Phon	e:
Rider #2 Classes by Number						Rider #2 Sections						
the right to the use of my photos Release, Assumption of . I AGREE in consideration for their officials, officers, director handler, vaulter, longeur, less inherent dangerous risks of ar the Competition from all claim arises or resulted, directly or i from the negligence of the Cc for Harm to me or my horse,	t for above show and agree to all of its provis s from the competition, and agree that any a Risk, Waiver, and Indemnificatio or my participation in this Competition to rs, employees, agents, personnel, volunt ee, owner, agent, coach, trainer, or as p ccident, loss, and serious bodily injury in ms for money damages or otherwise for indirectly, from the negligence of the Fed ompetition. I AGREE to indemnify (that i , and for claims made by others for any able. EV114, and Lunderstand that Lam	ctions against th n This docu the following: eers and affilia earent or guard cluding broken any Harm to r eration or the (s, to pay any l Harm caused	tand and a the Show i iment w I AGRE ates. I A dian of a j n bones, I me or my Competit losses, da I by me c	must be brought in the sta aives important leg E that "the Competition GREE that I choose to junior exhibitor. I am ful head injuries, trauma, p y horse and for any Har ion. I AGREE to expres amages, or costs incurr or my horse while at the	Ite of New Jersey. al rights. Read if ' as used herein inc participate voluntaril y aware and acknow ain, suffering, or dea m of any nature ca sisly assume all risks de dby the Competition. I have	carefully before signing. ludes the Competition Manage y in the Competition with my ho wledge that horse sports and th ath. ("Harm"). I AGREE to hold used by me or my horse to oth of Harm to me or my horse, inc ion and to hold them harmless re read the Show Rules about	ment, as well as all of rise, as a rider, driver, e Competition involve harmless and release ers, even if the Harm cluding Harm resulting with respect to claims protective equipment,		Show F	ees:	Qty	Amount

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 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 i 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 Show on the official USEF accident/injury report form. BY SIGNING BELOW, I AGREE to be bound by all applicable Show 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 m signature by my own hand. Under New Jersey law, an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities, pursuant to P.L., Chapter 287.

Payment Information		

Owners Parent/Guardian Signature (Required if rider/driver/handler is a minor) Print Parent/Guardian Name:

Rider #1 Parent/Guardian Signature (Required if rider/driver/handler is a minor) ______Print Parent/Guardian Name:

Rider #2 Parent/Guardian Signature (Required if rider/driver/handler is a minor) ______Print Parent/Guardian Name: ______Print Parent Paren

Trainer:		Cell #		Email Address:	
Address:	City/State/Zip		Trainer Signatur	e	
Taxpayer Name:	Address/City/State/Zip				SS# or TIN