

ENTRY NUMBER: _____

Stone Bridge Farm 2011 Horse Show Series

Make checks payable to Stone Bridge Farm
Mail with entry to: Stone Bridge Farm, 100 Equus Loop, Natural Bridge, VA 24578
Entries may also be faxed to: (540) 291-4057

_____ May 21 _____ June 11 _____ August 27 _____ September 17 _____ October 29

HORSE: _____

RIDER: _____

CLASSES ENTERED: _____

I agree in consideration for my participation in the Competition (Stone Bridge Farm Horse Show) to the following:
 I AGREE that I chose to participate voluntarily in the Competition with my horse as a rider, trainer, handler, owner, agent, lessee, 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 release SWVHJA, VHSA, USEF and the Competition from all claims for money damages or otherwise for any harm to me or my horse, and for any Harm caused by me or my horse to others, even if the harm resulted directly or indirectly from the negligence of the SWVHJA, VHSA, USEF or Stone Bridge Farm.
 I AGREE to expressly assume all risks of harm to me or my horse, including Harm resulting from the negligence of SWVHJA, VHSA, USEF or the Competition.
 I AGREE to indemnify (that is, to pay any losses, damages or costs incurred by) SWVHJA, VHSA, USEF or 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 at the Competition.
 I CONSENT to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances by the Competition or its agents.
 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 on the child's behalf.
 I AGREE that SWVHJA, VHSA, USEF and Competition as used above includes all of their officials, officers, directors, owners, employees, and personnel. I represent that I have the requisite training and abilities to safely compete in this Competition.

_____ HUNTER CLASSES x \$15.00 = _____
 _____ CLASSICS x \$20.00 = _____
 _____ SWVHJA MEDAL CLASSES x \$17.00 = _____
 _____ VHSA MEDAL CLASSES x \$20.00 = _____
 _____ STALL NIGHTS x \$35.00 = _____
 _____ NON-SHOWING HORSE x \$25.00 = _____
 LESS EARLY ENTRY DISCOUNT: (\$5.00) _____
 LESS CLEAN STALL DISCOUNT: (\$5.00) _____
TOTAL OWED: _____

Signatures Required:

X _____
Owner (print name)

Signature

Address

Phone

X _____
Rider (print name)

Signature (parent/guard if under 18)

Address

Phone

X _____
Trainer (print name)

Signature

Address

Phone