

Do Not Write In Box
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WHITESTONE FARM HORSE SHOW



CIRCLE DATE: April 24, May 22, June 26, Aug. 28, Sept. 25, Oct 23

ONE HORSE/RIDER COMBINATION PER ENTRY FORM

HORSE _____

OWNER _____

RIDER _____

TRAINER _____

CLASS NUMBERS				

CIRCLE ONE:
 Are you a: Junior
 Senior
 Entry is a: Small Pony
 Medium Pony
 Large Pony
 Horse

EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS

This document waives important legal rights. Read carefully before signing.

I AGREE in consideration for my participation in this Competition Whitestone Farm to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, 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 (hereafter collectively called "Harm").

I AGREE to release 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 Competition.

I AGREE, expressly stated herein, to assume all risks of Harm to me or my horse, including Harm resulting from the Negligence of the Competition.

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 claims made by others for any Harm caused by me or my horse at the Competition. I have read the Show Rules about proper headgear while understanding that no protective helmet can guard against all injuries.

I AGREE that as a parent or legal guardian of a junior exhibitor (called "children" or "child" herein), I consent to the child's participation and

AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that the "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I AGREE, authorize and consent to any emergency medical care which may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an equine activity.

I AGREE that I represent that I have the requisite and necessary training, coaching and abilities to safely compete in this competition.

This Agreement is given under the Virginia Equine Activity Liability Law, Code of Virginia, Sections 3.2-6200, 3.2-6202, and 3.2-6203.

Participant or

Participant or

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Participant
 Signature: _____
 Print Name: _____
 Phone: _____
 e-mail: _____

Owner/Agent
 Signature: _____
 Phone: _____
 e-mail: _____

Fax the following to: (540)786-9123
 OR
 Mail the following to: Whitestone Farm
 Entry Form 10413 Eley's Ford Road
 Signed Release Fredericksburg, VA 22407
 Copy of Coggins (if not on file)

Trainer
 Signature: _____
 Phone: _____
 e-mail: _____

PLEASE DO NOT WRITE IN THIS SECTION

_____ Classes @ _____ = _____

_____ Stall Rentals @ _____ = _____

TOTAL DUE _____

Cash
 Check #