

Do Not Write In Box

#

WHITESTONE FARM HORSE SHOW

ONE HORSE/RIDER COMBINATION PER ENTRY FORM



CIRCLE DATE: April 25, May 30, June 27, Aug. 29, Oct. 3, Oct 24

HORSE _____

OWNER _____

RIDER _____

TRAINER _____

CLASS NUMBERS				

Are you a: Junior

Senior

Entry is a: Small Pony

Medium Pony

Large Pony

Horse

CIRCLE ONE:

PLEASE DO NOT WRITE IN THIS SECTION

_____ Classes @ _____ = _____

_____ Stall Rentals @ _____ = _____

TOTAL DUE _____

Cash

Check #

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

I 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 3.1-796.130, 3.1-796.132, and 3.1-796.133.

Participant or Parent/Guardian Signature: _____ Participant or 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 Coagins (if not on file)

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