

**Cavallo Equestrian Center Horse Show**      **Date:** \_\_\_\_\_

POST ENTRY      # ASSIGNED

Note: Only ONE horse accepted per entry form, which may be photocopied.

Name of Horse	Age	Meas/Am#	Horse ID or Recording #	Sex	Height	Color	Horse/Pony	Am. Ad. Age
							<input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large	<input type="checkbox"/> 18 - 35 <input type="checkbox"/> Over 35

Rider #1 Name	Age	USEF #	ASPCA #	NEHC #	MHC #	CLASSES ENTERED				Total Fees	
						Class #					
						Class #					

Rider #2 Name	Age	USEF #	ASPCA #	NEHC #	MHC #	CLASSES ENTERED				Total Fees	
						Class #					
						Class #					

**Release, Assumption of Risk, Waiver and Indemnification**

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

I AGREE in consideration for my participation in this Competition Cavallo Equestrian Center to the following:  
 I AGREE that the "Competition" as used herein includes the License and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates.  
 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 a 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 hold harmless and release the Competition and the New England Horsemen's Council 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 resulted, directly or indirectly, from the negligence of the Competition.  
 I AGREE to expressly 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 while at the Competition. I have read the Federation rules about protective equipment, including GR801 and of applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation strongly encourages me that I 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 of 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 in this competition.

TOTAL ENTRY FEES	
NEHC Fee	\$2.00
Office Fee	\$15.00
Warm - Up(s)	\$25.00
# Deposit	\$1.00
SUB TOTAL	
Prize Money	< _____ >
GRAND TOTAL	

**BY SIGNING BELOW, I AGREE** to be bound by all 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.

X _____ Riders Signature	X _____ Trainers Signature	X _____ Owner/Agent Signature
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City _____	City _____	City _____
State/Zip _____	State/Zip _____	State/Zip _____
Phone _____	Phone _____	Phone _____
Riders USEF # _____	Trainers USEF # _____	Owner/Agent USEF # _____

X \_\_\_\_\_      Print Name : \_\_\_\_\_      Emergency Phone \_\_\_\_\_  
 Parent/Guardian Signature      (Required if rider/driver/handler is a minor)

Riders Email \_\_\_\_\_      Coach Signature \_\_\_\_\_  
 Trainers Email \_\_\_\_\_      Print Name \_\_\_\_\_

Office Use Only Below  
 Amt. Rec: \_\_\_\_\_  
 Ck #/Cash \_\_\_\_\_  
 Mail Entries to :  
 DeeDee Wilbur  
 80 Academy Dr.  
 Wolfeboro, NH 03894  
 Email Entries to:  
 Mostlymares30@gmail.com