

FAX: 908-719-0949

SHOW DATE:

PALERMO SHOW STABLE HORSE SHOW

BACK #	Name of Horse		Sex M G S	Color	Age	Height	USEF #	<input type="checkbox"/> Card Verified <input type="checkbox"/> Measurement Verified
Name of Rider #1	Age	Birthdate	USEF #	Classes				
Name of Rider #2	Age	Birthdate	USEF #	Classes				

Owner or Authorized Agent USEF # _____

Owner's Name _____

Address _____

Zip _____

Phone _____

E-mail _____

Rider #1

Rider's Name _____

Address _____

Zip _____

Phone _____

E-mail _____

Trainer USEF # _____

Trainer's Name _____

Address _____

Zip _____

Phone _____

E-mail _____

Rider #2 _____ **Address** _____ **Zip** _____ **Phone** _____ **E-mail** _____

Release, Assumption of Risk, Waiver and Indemnification
This document waives important legal rights. Read carefully before signing.
 I AGREE in consideration for my participation in this Competition to the following:
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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 and death ("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 Harm 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 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 Competition rules about protective equipment and I understand that I am required to wear protective AHSA-Approved protective headgear whenever mounted, and I acknowledge that the Competition strongly encourages me 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 AGREE that Competition as used above includes of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
 I REPRESENT that I have the requisite training, coaching and abilities to safely compete in this competition.
WARNING: 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. 1997, C. 287 (C.5:15-1 ET SEQ.).

Phone: 908-719-7500 Fax: 908-719-0949
 Entry Fees: @ \$30.00 X _____ \$ _____
 Special classes @ \$ _____ \$ _____
 Late Fee (\$15): _____ \$ _____
 Office/EMT Fee: _____ \$ 15.00
 Stabling: @ \$50.00 per stall _____ \$ _____
 Total Due: _____ \$ _____

Make Checks Payable to and send to: Palermo Show Stable
 Palermo Show Stable 1555A Burnt Mills Road Bedminster, NJ 07921

By signing below, I further AGREE to be bound by all terms and provisions of this entry blank

Owner/Agent (mandatory) Signature _____ **Trainer (mandatory) Signature** _____ **Rider/Handler (mandatory) Signature** _____ **Coach (if applicable) Signature** _____

Print Name _____ **Print Name** _____ **Print Name** _____ **Print Name** _____

If Owner/Exhibitor is Trainer sign both places. Trainer must be over 18 years of age. If rider is under 18, parent or guardian, trainer, or agent must sign.