

Entry # _____

Lakeside Horse Show Series

Entry #	Name of Animal	Color	Sex	Height	Age

Name of Rider								
Class #'s								

Full payment or signed check must be left before number will be issued

# OF	TOTAL ENTRY FEES	TOTALS
	Number of classes @ 15.00	
	M&S Medals @ \$35.00	
	M&S Classics & Derby @ 35.00	
	M&S Jumper Classic @ \$50.00	
	Leadline - Free	
	Stalls @ 30.00	
	EMT/Insurance fee @25.00	
	Prize Money Earned	
	Total Charges	
	Amount Enclosed	
	Balance Due	

Rider Information:

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email address _____

Trainer/Farm _____

MAKE CHECKS PAYABLE TO:
Trillium Stables
 \$30.00 FEE for any checks RETURNED by bank

OFFICE USE: Paid w/ check# _____

Paid w/ cash _____

Assumption of Risk Waiver. This document waives important legal rights. Read it carefully before signing.

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

I AGREE that Lakeside Horse shows, Heritage Stables, and Trillium Stables and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their official officers, directors, employees, agents, personnel, volunteers and Federation 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 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 Lakeside Horse Shows, Heritage Stables, Trillium Stables and the Competition 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, 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 will wear protective equipment and I understand that I am entitled to wear protective equipment without penalty, 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 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.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the emergency responders.

BY SIGNING BELOW, I AGREE to be bound by all applicable and all terms and provisions of this entry blank.

Rider Signature

Parent/Guardian Signature (if under 18)

Trainer Signature

Rider Print Signature

Parent/Guardian Print Signature

Trainer Print Signature

Date

Emergency Phone Number

Date

Date