

# Entry Form - Schooling Fun Show August 22, 2021

BACK #	Name of Horse/Registered Jockey Cub Name	Sex	Color	Height	T.I.P. #	
Name of Rider		Age	Classes			
Rider Address		City	State		Zip	
Phone		Email				
Owners Name		Address		City	State Zip	
Trainers Name		Phone		Email		
<p>RELEASE, ASSUMPTION OF RISK, WAIVER and INDEMNIFICATION                  This document waives important legal rights. Phrase read carefully before signing.                  I agree in consideration for my participation in the Horse Park Summer Fun Schooling Show ("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 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, death ("Harm")</p>				Entry Fees _____ = \$ _____		
				Non-competing Fee     \$15.00     \$ _____ Stall Fee                     \$40.00     \$ _____		
<p>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 llama caused by me or my horse to others, even if harm resulted directly or indirectly from the negligence of the competition                  I AGREE to indemnify the competition and to hold harmless with respect to claims from Harm to me or my horse, and for claims made by others for any HARM caused by me or my horse at the Competition.</p> <p style="text-align: center;">“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.).”</p> <p style="text-align: center;">A PARTICIPANT SHALL SUBMIT A WRITTEN REPORT TO THE OPERATOR SETTING FORTH THE DETAILS OF ANY ACCIDENT OR INCIDENT AS SOON AS POSSIBLE, BUT IN NO EVENT LONGER THAN 180 DAYS FROM THE TIME OF THE ACCIDENT OR INCIDENT.</p>				Office Fee                                     \$ <u>  10  </u>		
				HP Member Discount     -\$10     \$ _____ (Must present HP Membership card)		
				Total Due                                     \$ _____		
				<p><i>Please Make Checks Payable to the Horse Park of New Jersey</i></p>		
<p><i>By signing below, I further AGREE to be bound by all terms and provisions of this entry blank. If rider is under 18 years of age, parent or guardian, trainer and rider must sign.</i></p>						
<b>Owner/Agent (mandatory) Signature</b>		<b>Parent/Guardian (mandatory) Signature</b>		<b>Rider/Handler (mandatory) Signature</b>		
_____		_____		_____		