

Show Date: _____

The Ridge at Wellington Palm Beach Series

email: entry@ridgeshowjumping.com

Mailing Address: 14415 Palm Beach Point Blvd. Wellington, FL.33414

Name of Horse or Pony		Color/Sex	USEF#	Age	Height
Number Issued					PONY: S M L
Name of Rider One		USEF#	D.O.B	Classes (please use class numbers)	
Name of Rider Two		USEF#	D.O.B	Classes (please use class numbers)	

Rider One Contact Information:	Rider Two Contact Information:	Owner Information:
Name:	Name:	Name: USEF#
Address:	Address:	Address:
Email Address:	Email Address:	Email Address:
Signature	Signature	Signature
CELL PHONE:	CELL PHONE:	CELL PHONE:
Trainer Information:	Tax Payer Information for Prize Money:	Entry Fees:
Name:	Name:	___ classes @ \$ ___ ___ classes @ \$ ___ ___ classes @ \$ ___
Address:	Address:	
Email Address:	SS:	Post Entry Fee : \$25.00 Schooling Fee: \$20 EMT \$30.00 Office Fee: \$30.00 Stall Fee: # of stalls:
Signature:	NOTE: Prize Money will NOT be issued unless tax payer information is supplied	TOTAL DUE
CELL PHONE:		\$

BY SIGNING ABOVE IT IS AGREED: Every entry at this competition shall constitute an agreement and affirmation that all participants (which include, without limitation, the owner, lessee, trainer, manager, agent, coach, rider, handler and the horse.) For themselves, their principals, representatives, employees and agents: 1. Shall be subject to the constitution and rules of the competition; 2. Represent that every horse and rider is eligible as entered; 3. Agree to hold the competition, their officials, directors and employees for any action taken; 4. Agree that as a condition of and in consideration of acceptance of entry, they authorize the competition management to market, transfer, assign or otherwise make use of any photographs, likenesses, film, broadcasts, cablecasts, audiotapes or videotapes taken of the horse(s) and participant(s) while on the grounds, incident, to or in transit between the stabling facility and the event site, in any way they see fit for the promotion or coverage of the event, without compensation. 5. Agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk or serious injury or death and by participating they expressly assume any and all risks of injury or loss and they agree to indemnify and hold the competition and their officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with the competition whether or not such claim, injury or loss resulted directly from the negligent acts or omissions or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of competition.

CREDIT CARD PAYMENT: Name on Card: _____ Card Number: _____

Exp/ Date: _____ CID: _____ Billing Address for Credit Card: _____ Phone _____