

# THE RIDGE AT RIVERVIEW OUTREACH ENTRY BLANK

SHOW DATE: \_\_\_\_\_

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

Rider One Contact Information:	Rider Two Contact Information:	Owner Information:
Name:	Name:	Name:
Address:	Address:	Address:
Email Address:	Email Address:	Email Address:
Signature	Signature	Signature
PHONE:	PHONE:	PHONE:
Trainer Information:	Emergency Contact:	Entry Fees:
Name:	Name:	_____ classes @ \$ _____ _____ classes @ \$ _____ _____ classes @ \$ _____
Address:	Phone#	
Email Address:	ON-LINE ENTRIES ACCEPTED AT WWW.HORSESHOWING.COM EMAIL COMPLETED ENTRY BLANK TO ENTRY@RIDGESHOWJUMPING.COM Please visit horseshowing.com or www.ridgeshowjumping.com for updates!	
Signature:		Post Entry Fee : \$25.00
PHONE:		Schooling Fee: \$20.00
		USHJA Fee: \$2.00
		OFFICE Fee: \$50.00
		EMT Fee: \$15.00
		<b>TOTAL DUE</b> _____ \$ _____

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 Zipcode: \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_