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## Myopia Horse Show—hosted by Myopia Hunt Club

**SEPTEMBER 2ND & 3RD**—ENTRIES CLOSE WEDNESDAY, AUGUST 30, 2023—ONE RIDER AND HORSE PER ENTRY

Name of Horse		А	ge S	ex H	leight	Co	lor		Horse/Pony					
									☐ Small	☐ Medium	🗀 Larg	e		
Name of Rider	Age	,	· · · · · ·			Cla	sses Entere	ed						
		Class #:												
Email Address:	'	Futur Faar			1	-								
MHC#: NEHC#:		Entry Fee:												
	Contact Info	rmation												
Mail entries to: Jennifer Eaton	Telephone: 508	-395-1187			Ent	er Online a	t:		Total Entry Fees					
28 Uptack Rd., Groveland, MA, 018	34 <b>Email</b> : jennifere	eaton17@gr	nail.com		https://ho	orseshowin	g.com/		·		\$1	\$1.00		
	Myopia Horse Show	Entry Agre	ement						Post Entry Fee \$30					
Assumption of Risk, Waiver and Indemnification.								Warm Ups	@\$	25 per round				
This document waives important legal rights. Read it carefully before signing.									Office Fees		\$30	\$30.00		
I AGREE in consideration for my participation in this Competition, Myopia Horse Show (herein referred to as "the competition") to the following:  I AGREE that the "NEHC" and the "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and Competition affiliates.									Subtotal					
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,									Prize Money					
head injuries, trauma, pain, suffering, or death. ("Harm").								Grand Total						
I AGREE to hold harmless and release the Myopia Hunt Club, NEHC and the Competition and all show officials 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 NEHC, the Competition or the Myopia Hunt Club.								Office Use Only Below			V			
I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the NEHC, the Competition or the Myopia Hunt Club.									Amount Received					
<b>I AGREE</b> to indemnify (that is, to pay any losses, damages, or costs incurred by) the NEHC and 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 on the showgrounds prior to, during or after the Competition.								my horse,	Check Number/	Cash				
I have read the NEHC, the Competition and USEF Rules about protective equipment, including GR801 and, if applicable, EV114, 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.									Make checks payable to:					
I represent that I have the requisite training, coaching and abilities to safely compete in this competition.  BY SIGNING BELOW, I AGREE to be bound by all applicable NEHC, Competition and USEF Rules and all term and provisions of this entry blank and all terms and provisions of this Prize List.									Myopia Horse Show					
If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own														
hand. BOD 1/23/11 Effective 12/1/11														
Rider/Handler (Mandatory)	Trainer (Mai	ndatory)			Owner/	Agent (Mai	idatory)			WARI				
Signature	Signature			Signature _					Hadar M					
Print Name	Print Name			Print Name					Under Massachusetts Law, an ec professional is not liable for an i					
Email	Email			Email					to, or the death of, a participant					
Address														
	City/State/Zip		Okyroutorzip											
	Telephone								parodant to onaptor 125, 000110					
	USEF # Emergency Contact #													
Emeryency Contact #	Emergency Contact #			Emergency (	JOINTACT #									
Parent/Guardian Sig. (required if rider is a minor)														
Print Name Is Rider a U.S. Citizen?														