

Myopia Horse Show—hosted by Myopia Hunt Club

Entry Number

SEPTEMBER 1ST-3RD — ENTRIES CLOSE TUESDAY AUGUST 22, 2017 — ONE RIDER AND HORSE PER ENTRY

Name of Horse	Age	Sex	Height	Color	Horse/Pony
					<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large

Name of Rider	Age	Classes Entered											
		Class #:											
Email Address:		Entry Fee:											
MHC#:	NEHC#:												

Contact Information			Horse Show Fees	
Mail entries to: Lisa Silvester 128 Bailey's Mills Road, Reading, VT, 05062	Telephone: 802-484-5405 Email: lhseqmassage@aol.com	Make checks payable to: Myopia Horse Show	Total Entry Fees	
			MHC Fee	\$1 \$1.00
			Post Entry Fee	\$25
			Warm Ups	_____ @ \$20 per round
			Office Fees	\$25 \$25.00
			Subtotal	
			Prize Money	
			Grand Total	

Myopia Horse Show Entry Agreement

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

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.

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 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.

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.

I AGREE 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.

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.

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. 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

Office Use Only Below	
Amount Received	
Check Number/Cash	

WARNING
Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12B, Section 2D.

Rider/Handler (Mandatory)	Trainer (Mandatory)	Owner/Agent (Mandatory)
Signature _____	Signature _____	Signature _____
Print Name _____	Print Name _____	Print Name _____
Email _____	Email _____	Email _____
Address _____	Address _____	Address _____
City/State/Zip _____	City/State/Zip _____	City/State/Zip _____
Telephone _____	Telephone _____	Telephone _____
USEF # _____	USEF # _____	USEF # _____
Emergency Contact # _____	Emergency Contact # _____	Emergency Contact # _____

Parent/Guardian Sig. (required if rider is a minor) _____ Print Name _____	Is Rider a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
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