Office Use Only				Gray Horse Farm Horse Shows												Office Use Only	
							Ар	ril	1	May		July	September			Coggins  Date Blood	
						Entrie	s Close:	: Thurso	day Bef	ore The	Show	for Jumpe	ers. Friday Before the	Show for Hun	ters	Drawn	
Horse's	s Name:													T.I.P #			
Owner	:										_						
Classe	es: #1 Nar	mo:													fice fee		15.00
Kiuei	#1_Nai	He								T	1	丁		Scl	hooling	Fee: 25.00	
														Cla	ass Fee:	25.00 x	
Rider #2 Name:														Hu	Hunter Division 65.00x		
rauci	"Z IVAII													La	te Class:	: 30 x	
					1									To	otal		
Horse Show Release, Assumption of Risk, Waiver and Indemnification  This document waives important legal rights Read it carefully before signing 14 GREF in consideration for my participation in this Competition to the following:											Email entry to						
I AGREE tha	AGREE that the "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated  ghfhorseshows@gmail.com									_ 0							
organizations. I Auklet that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, nandier, valuter, longueur, 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").									No fee to scratch								
l AGREE to hold harmless and release the Fec horse and for any Harm of any nature caused of the Competition. I AGREE to expressly assi I AGREE to indemnify (that is, to pay any loss				tion and the	Competition	n from all cla	ims for mon	ey damages	or otherwise	for any Ha	rm to me or				Make Checks Payable to: Gray Horse Farm		
				all risks of H	larm to me	or my horse,	including Ha	rm resulting	from the ne	gligence of t	the Competi	tion.			Mail Entries to Gray Horse Farm		
Harm to me or my horse, and for claims mad			ims made by	e by others for any Harm caused by me or my horse while at the Competition. ment, including GR801 and, if applicable, EV114 and I understand that I am entitled to we:											ay Horse 66 Ballsv		
equipment without penalty, and I acknowled				edge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE										Powhatan Va. 23139			
guard against an injuries. In fail a parent of guardian of a jurilor exhibitor, i consent to the chi to assume all of the obligations of this Release on the child's behalf. I represent that I have th competition. I AGREE that if I am injured at this competition, the medical personnel treating i							have the red	quisite traini	ng, coaching	and abilities	s to safely co	ompete in this		804	804-241-3377		
Competitio List. If I am	n. BY SIGNIN	IG BELOW, I a	AGREE to be	bound by all	l applicable I	Rules and all	terms and p	rovisions of	this entry bla	ank and all to	erms and pro	ovisions of this P d effect as if I aff	Prize				
Parent/Gua	ardian Signat	ure: (Require	ed if Rider/Ha	andler is a m	inor)												
Print Paren	it/Guardian I	Name:															
Owner or Agent (mandatory)			tory)	Rider #1 (m			1 (mano	mandatory)			Rider #2 (mandatory)				Trainer (mandatory)		
Signature:				Signature:						Signature:					Signature: ————————————————————————————————————		
Print Owner Name:				Print Name:							Print Name:				Address:		
Address: ———				Address:							Address:						
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Cell ———————————————————————————————————				Cen							Cell					E-mail	
E-mail —————————					— E-mail———————————					- man			L-1				