

PLEASE FILL OUT THIS FORM THOROUGHLY AND COMPLETELY - THANK YOU
SCF/TBF Young Horse Show Series – 2013 Pepperell, MA – June 7th

Official Use Only Bridle #

Name of Horse		Original Breed Registry	Gender	Date of Birth (enclosed proof)	
Sire	Second Sire (Dam's Sire)	Country of Birth		Breeder	
Horse Is For Sale?	Asking Price	Sales Contact Name	Sales Contact Phone	Coggins Date (enclosed copy)	Health Cert. Date (enclosed copy)
					Check Bio-Security Control on Prize List
Division/Class Number	Class Description			Fees	
				\$	
				\$	
				\$	
Class 404 <input type="checkbox"/> or Class 405 <input type="checkbox"/> - \$35	Hunter Yes <input type="checkbox"/> No <input type="checkbox"/>		YJC Dev. Prog. Class (add \$10) Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	
Class 500 - \$35	Dressage Under Saddle SPECIFY TEST HERE:			\$	
Owner				Total Class Fees	\$
Address				Trailer In nFee (4 & 5 yo only)	\$ 15.00
City/State/Zip				Stall fee (Thursday/Friday)	\$ 75.00
Best Contact Phone				Grounds Fee	\$ 50.00
E-Mail Address				Office Fee – YHS	\$ 35.00
				TOTAL FEES	\$
Rider				Please make checks payable to: Young Horse Show and send entries to: 2901 Richmond Road – Suite #: 130-355 Lexington, KY 40509 ENTRY DEADLINE: 5/03/2013 – Late fee \$20	
Address					
City/State/Zip					
Best Contact Phone					
E-Mail Address					
Trainer				I have read and I agree to all the rules & regulations posted in this show's prize list and entry form. X _____ Date:	
Address					
City/State/Zip					
Best Contact Phone					
E-Mail Address					

IMPORTANT: PLEASE READ

I AGREE in consideration for my participation in this Competition to the following:
 I AGREE that "Competition" as used herein includes, Sponsor, Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers.
 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 Competition 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 Competition.
 I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.
 I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) 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 at the Competition. 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 rider, 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. © All rights reserved - 2012/2013



Orintha & Phil Silva • Ten Broeck Farm • 1 Old Farm Lane • Pepperell, MA 01463 • 978-877-6636 • www.tenbroeckfarm.net

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

Massachusetts Clause

Under Massachusetts law, any equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of Chapter 128 of the General Laws.

I AGREE in consideration for my participation in this Competition to the following:

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 Management and the Competition 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 Federation or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Management or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Management 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 at the Competition. I have read the Rules described in the Prize List regarding protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Management 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 Management Rules and all terms 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.

SIGNATURES: Entry will not be accepted without mandatory signatures, full payment of fees, legible proof of Coggins test and other requirements stated in Prize List. SIGNATURES ACKNOWLEDGE ACCEPTANCE OF PRIZE LIST REFUND POLICIES		Copies / faxes are acceptable. The word "Same" and ditto marks will be rejected. Trainer is person responsible for condition of horse and must be on grounds during show. Any person on grounds who coaches Rider/Handler must sign this form as Coach.	
RIDER / DRIVER / HANDLER / VAULTER / LONGEUR (Mandatory)	Signature Date	Print Name	
PARENT / GUARDIAN SIGNATURE Required if rider / driver / handler / Vaultor / Longer is a minor	Signature Date	Print Name	
Is Rider / Driver / Handler a U.S. Citizen? Yes No	Emergency Contact / Phone Number		
OWNER / AGENT (Mandatory)	Signature Date	Print Name	
TRAINER (Mandatory)	Signature Date	Print Name	
COACH (If applicable)	Signature Date	Print Name	



PHOTO RELEASE

Photographs, videos, and/or audio clips may be taken of participants and spectators at activities held at Ten Broeck Farm. Ten Broeck Farm, and its representatives, request the right to use all photos, videos, and/or audio clips taken of youth, adults, animals, and activities. These may be used for local newspapers, promotional brochures and email marketing, promotional purpose on web sites, and to showcase equestrian programs.

By signing this form, I consent to allow Ten Broeck Farm and its approved representatives, to use photos, videos, and/or audio clips that they have of me participating in events at Ten Broeck Farm with or without my name and for any lawful purpose, including for example such purposes as publicity and advertising.

By signing this form, I confirm that I understand and agree to the above request and conditions. I sign this form freely and on my own accord.

My Contact Information:

Name (print): _____

Address

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell: _____

Email Address: _____

Signature: _____

Parent/Guardian's Signature (if under 18): _____

Date: _____