

2014 ROCKING R FARM BENEFIT SHOW for Project ASTRIDE
ENTRY FORM AND RELEASE OF LIABILITY (1 rider/horse per entry, see showbill for class list)

DATE OF SHOW: 8/17/13 LOCATION: Rocking R Farm, 11738 58th Ave. NE, Foley, MN 56329

RIDER'S NAME: _____ JR SR
RIDER'S HOME ADDRESS: _____
RIDER'S PHONE: _____ E-MAIL: _____
HORSE'S NAME: _____ BREED: _____ AGE: _____
HEIGHT: _____ SEX: _____ COLOR: _____

If applicable
Please stable me
with:

CLASSES _____ FEES \$ _____	OFFICE FEE \$ _____
(#s on _____ \$ _____	STABLING \$ _____
Showbill) _____ \$ _____	MISCELLANEOUS \$ _____
_____ \$ _____	TOTAL FEES DUE \$ _____
_____ \$ _____	CLASS FEE SUB-TOTAL \$ _____
CLASS FEE SUB-TOTAL \$ _____	TOTAL FEES ENCLOSED \$ _____

FOR OFFICE USE
___/___/___ Date Rcvd
___ Neg Coggins
___ Check#/Cash
\$ _____ Amt Rcvd
___ Complete Entry

I plan to clean my stall for a \$10.00 refund on show day. Yes No

***Please make checks payable to: Project ASTRIDE Postmark by closing date of August 11th
***Mail completed entries (**Pages 1 AND 2**) to: Project ASTRIDE c/o Clare, 27725 113th St., Pierz, MN 56364

This document waives important legal rights. Read it carefully before signing.

- Headgear. I understand that Project ASTRIDE requires me to wear approved headgear when mounted on any horse and to wear it when I am working with or schooling any horse.
- Coggins Test: A current copy of a negative Coggins test for all horses must accompany this form.
- Advertising: I do do not agree that Project ASTRIDE may use photographs or videos of me, or that may include me, for future advertising. **(PLEASE CHECK ONE)**
- Hold Harmless: As a term and condition of my participation in this event, I acknowledge that I am choosing to voluntarily participate in this event. I understand and acknowledge that horse sports and this event involve dangerous risks including, but not limited to, serious bodily injury such as broken bones, head injuries, physical and emotional trauma, and even death.

I agree to release and hold harmless Project ASTRIDE and its officers, directors, employees, agents, volunteers, and staff from any and all claims and damages which I may suffer or my horse may suffer or may result from my participation in this event, irrespective of whether such damages arise, directly or indirectly, from any negligence of Project ASTRIDE and its officers, directors, employees, agents, volunteers, and staff.

By signing below, I agree to be bound by the terms and conditions set forth herein.

Rider's Signature Date: _____

Rider's Printed Name Date: _____

Parent/Guardian's Signature (required if Rider is a Minor/or has an appointed legal guardian)

Parent/Guardian Printed Name Emergency Contact Phone Number: _____

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Rocking R Farm Schooling Show Liability Release

Entry agreement/release :

I agree in consideration for my participation in this competition, to the following: I am fully aware that horses and horse sports involve inherent risks of accident, including broken bones, head injury, trauma, suffering or death.(harm) I agree to release Rocking R Farm (RRF) it's staff, volunteers, and anyone involved, from all claims due to harm to myself or my horse or to others at the competition. I agree to indemnify RRF and to hold them harmless in respect to any claims for harm caused by me or my horse at the competition.

In addition I understand that while participating in this kind of activity or related activities I may be photographed.

I understand and agree that the photograph(s) may be used in whole or in part, at any time,, in color or otherwise and may be displayed through any medium including, but not limited to printed medium, video or on the internet.

By signing this waiver I authorize any initial and any subsequent disclosure or publication of the photograph(s) at any time.

RIDER SIGNATURE _____ DATE _____

RIDER NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(REQUIRED IF RIDER IS A MINOR)

PARENT/GUARDIAN NAME _____