



**SHALLOWBROOK HORSE SHOW**

247 Hall Hill Rd Somers, CT 06071

One horse per entry form please!

NUMBER ASSIGNED:

DATE OF SHOW: \_\_\_\_\_

Fax (413) 566-0200

NAME OF HORSE		SEX	HEIGHT	PONY	TRAINER/BARN NAME					TOTALS
RIDER #1	CHJA #	NEHC#	CLASSES ENTERED	CLASS #						
ADDRESS	CHSA#			ENTRY FEE						
RIDER #2	CHJA #	NEHC#		CLASS #						
ADDRESS	CHSA#			ENTRY FEE						

**SHALLOWBROOK EQUESTRIAN CENTER ENTRY AGREEMENT**

I have read the Rules and Regulations as printed in the Prize List for this **Competition** and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to the local rules of the competition; including, but not limited to: **CHJA, NEHC, CHSA**. I agree to waive the right to use the use of my photos at the competition.

**SHALLOWBROOK EQUESTRIAN CENTER RELEASE, 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 (Shallowbrook Equestrian Center) 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 of 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 release Shallowbrook Equestrian Center, the Competition, the CHJA, NEHC, CHSA from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the of the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) *Shallowbrook Equestrian Center* 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 and Harm caused by me or my horse at the Competition. I have read the rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that *Shallowbrook Equestrian Center* 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 assume the entire obligation of this Release on the child's behalf.

I AGREE that "Shallowbrook Equestrian Center" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. Affiliated organizations to include, but not limited to, CHJA, NEHC, CHSA.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to Shallowbrook Equestrian Center, 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 Rules and all terms and provisions of this entry blank.**

Entry Fees Rider 1	
Entry Fees Rider 2	
Warm-up	
Office Fee	15.00
<b>SUB-TOTAL</b>	
Post Entry Fee \$20	
<b>TOTAL DUE</b>	
Check #	

X _____	X _____	X _____
Rider's Signature (parent/guardian if under 18)	Trainer's Signature	Owner's Signature
Print Name _____	Print Name _____	Print Name _____
Street _____	Street _____	Street _____
City/St/Zip _____	City/St/Zip _____	City/St/Zip _____
Telephone _____	Telephone _____	Telephone _____

Emergency Contact # \_\_\_\_\_ Parent/Guardian signature is mandatory for minor participants. All lines must be signed by an adult.

PLEASE MAIL ALL ENTRIES TO: Jamie Savoie PO BOX 394 HAMPDEN, MA 01036 – PHONE/TEXT ENTRIES TO: 413-433-9436