

Heart's Journey Stables Dressage and Combined Training Show Entry Form

Show Date: _____

Rider Name: _____
 Address: _____

 Phone: _____
 Email: _____
 Rider USDF/ESDCTA #: _____

Rider Status:
 Adult Amateur
 Junior - Birthdate: _____
 Open

Owner: _____
Address: _____

Phone: _____
Email: _____

Owner USDF #: _____

USDF Horse Identification # : _____

Horse Name	Breed	Color	Sex	Height	Year of Birth
Class #	Class, Division and/or Level				Fee
Total Fees:					

STATEMENT OF INHERENT RISK - READ CAREFULLY BEFORE SIGNING:
HEART'S JOURNEY STABLES IS NOT RESPONSIBLE FOR YOUR SAFETY. SERIOUS INJURY OR DEATH MAY RESULT FROM THE INHERENT RISKS ASSOCIATED WITH PARTICIPATION IN EQUINE ANIMAL ACTIVITIES.

YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW.

In consideration for my participation in this Heart's Journey Stables, ESDCTA and USDF sanctioned event, I agree to the following: 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, and suffering or death ("Harm"). I hereby agree to release, indemnify and hold harmless Heart's Journey Stables, ESDCTA, USDF, its clinicians, officers, show managers, agents, officials and volunteers from and against any and all loss, liability or damage arising from, or because of, or in connection with, participation in this competition or related activities. 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. By signing below, I agree to be bound by all applicable rules and all terms and provisions of this entry.

 Rider's Signature Date

 Owner's Signature Date

 Print Rider's Name **If Rider is Under age 18:**

 Print Owner's Name

 Parent/Guardian Signature Date

 Print Trainer's /Coach's Name

 Print Parent/Guardian Name