

Make Checks Payable to: MBH Inc.

Mail Entries to:
Beverly Abbott
4201 Brown Rd., Taneytown, MD 21787

Country Hill Farm Entry Blank

Sunday, September 12, 2010

Pre-Entries Deadline - September 8, 2010

Fax entries to: 410-876-7050

Ofc. Use	Name of Horse or Pony	USEF #	MHSA #	Color	Sex	Height	Age	Green Year		Horse/Pony			Amateur	
								1st	2nd	Sm	Med	Lg	Y	O
Name of Rider One		Age	USEF #	MHSA #	Division _____							Total Fees		
					Individual Classes									
Name of Rider Two		Age	USEF #	MHSA #	Division _____							Total Fees		
					Individual Classes									

ENTRY AGREEMENT

By entering a Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, or Handler and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the rules of the competition.

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

I AGREE in consideration for my participation in this Competition, Country Hill Farms Horse Show, to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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 release the Competition 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 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 at the Competition.

I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me that I 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 AGREE that "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel and volunteers.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I further AGREE to be bound by all applicable Competition Rules and all terms and provisions of this entry blank.

Coggins Assession Number _____

Date Read _____

Office Fee	\$10.00
Late Fee - \$20.00	
Stall Fee - \$65.00 per day	
TOTAL DUE	

Stable with _____

All checks returned by the bank will be charged \$50.00

Rider (mandatory)	Owner/Agent (mandatory)	Trainer (mandatory)	Coach (if applicable)
Signature: _____	Signature: _____	Signature: _____	Signature: _____
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
_____	_____	_____	_____
Phone: _____	Phone: _____	Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____	E-Mail: _____

Parent/Guardian Signature (Required if rider is a minor): _____ Print Parent/Guardian Name: _____