

Make Checks Payable to:

CESHS.

## CESHS Medal Ride-Off and Horse Show

August 8, 2009

No.

### One Entry Blank per Horse

Coggins \_\_\_\_\_

Please copy this form for additional entries

**\$12.00/class** except where noted

Classes Entered	Name of Horse or Pony (Please Print)				Name of Owner			Name of Rider (circle one)	Ad. or Jr.	Fee
	Height	Sex	Age	Color	<b>Please Circle one below</b>					
					Small	Medium	Large			

		Additional Riders (please print)	Riders Age	Rider's Address	

**CESHS Release, Assumption of Risk, Waiver, and Indemnification** *This document waives important legal rights. Read carefully before signing*  
 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 the parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherent risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death. I AGREE to release CESHS and 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 CESHS or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of CESHS or the competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) CESHS or 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 have read the USA Equestrian rules about protective equipment, including articles 318 and 1712, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that CESHS strongly encourages me to do so while WARNING that no protective equipment can guard against injuries. I AGREE that "CESHS" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, & affiliated organizations. By signing below, I AGREE to be bound by all applicable CESHS Rules and all terms and provisions of this form.

**STALLS – CONTACT : Ginny Morris**  
(443) 783-5883

\$40.00 per show +( \$25 extra **if not cleaned** )  
 Shavings \$6.00 per bag  
 If reserved you will be charged

**WEC per Horse fee (non-members \$10.00 extra)      \$10.00**

**Office Fee      10.00**

**Late Fee (post entry)      5.00**

**BALANCE DUE**

**\$25.00 Fee Charged for Returned Checks**

Send to: The CESHS Show

c/o Myra Spencer  
 22011 Nanticoke Road  
 Tyaskin, MD. 21865  
 (410) 873-2708

e-mail: [invitefarm@msn.com](mailto:invitefarm@msn.com)

**fax – 410 873-3088**

Rider#1, or Handler	Trainer	Owner or Agent
*****	<b><u>Adult Signatures Required all 3 places please!!</u></b>	*****
Name _____	Name _____	Name _____
Street _____	Street _____	Street _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____	Phone _____