**HORSE SHOW ENTRY FORM**

Entry Fees

All Classes - $10.00

Office Fee - $10.00 per Horse and Rider Combination

Please Circle the classes you wish to enter

**1a** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18  **19** 20 21 22 23 24 25 26 27 28 29 30 **1b** 31 32 33 34 35 36

37 38 39 40

Rider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Classes: $10.00 x\_\_\_\_\_\_\_\_\_\_ (Amount Entered) = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Russell Frey Derby $55.00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Fee: $10.00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I, the undersigned, wish to ride a horse and participate in the Amy Hanssen Training Center Inc. Open Horse Show. I

understand that riding horses involves accepting certain risks. Those risks include, but are not limited to, the risk of

injury resulting from falling from a horse, being stepped on or kicked by a horse, from a horse running into fences,

trees, or buildings, and injuries resulting from tripping or falling over obstacles. In addition, I understand that the

injuries sustained from riding horses could be serious or could even result in death. Despite this and other risks, and

fully understanding such risks, I wish to ride a horse and compete in the Amy Hanssen Training Center Inc. Open Horse Show. I hereby assume all the risks of riding horses. I also herby hold harmless the horse owner, if not my own

horse, and agree to defend them against any claims or actions resulting from my riding horses, including all expenses

and attorney fee. I hereby release Amy Hanssen Training Center Inc.., owner Amy Hanssen-Keyes, and

any employees or volunteers of Amy Hanssen Training Center Inc.., along with any other horse owners with animals

stabled there from any and all liability, and I understand that this release shall be binding upon my estate and all my

representatives. I have fully read this Waiver of Liability and Assumption of Risk carefully and understand that by

signing below I am agreeing, on behalf of myself, my estate, my heirs, representatives and assigns not to sue

Amy Hanssen Training Center Inc.., its owners Amy Hanssen-Keyes, any employees/volunteers, and

horse owners with animals stables there, or to hold him/her/them liable for any injury, including death, from riding

horses and participating Amy Hanssen Training Center Inc. Open Horse Show. I understand the terms of this Waiver of

Liability and Assumption of Risk, and I intend to be fully bound by this agreement. By virtue of my signature, I

acknowledge and agree to all terms and conditions set forth on this form and further acknowledge that I have

carefully read this agreement and understand what I am signing. Parent or Guardian of Minor Applicant: As the Parent or Guardian of the applicant, I hereby certify that this applicant (child) is less than 18 years of age. I am aware of the risks incurred in riding horses and the other horse activities described in this waiver and have discussed them with my child. I have discussed the rules and safety procedures with our/my child and am satisfied that s/he understands them. I understand that by signing below I am agreeing, along with my child, on behalf of myself, my representatives and assigns, not to sue Amy Hanssen Training Center Inc. Its owners, employees/volunteers, or other horse owners with animals stabled there, or to hold him/her/them liable for any injury, including death, that results from my child riding horses or from participating in Amy Hanssen Training Center Inc. Open Horse Show. I understand the terms of this Waiver of Liability and Assumption of Risk, and I intend to be fully bound by this agreement.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_