



Entry Form Saddle Ridge

Riding Center

Back Number

Class Numbers

Rider

	DOB	Pd check
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Horse

	Height	Pd cash
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Check Payable To: Saddle Ridge	No. Deposit _____
	Total _____

THE UNDERSIGNED ASSUMES THE UNAVOIDABLE RISKS INHERENT IN ALL HORSE-RELATED ACTIVITIES, INCLUDING BUT NOT LIMITED TO BODILY INJURY AND PHYSICAL HARM TO HORSE, RIDER, AND SPECTATOR.

In consideration, therefore, for my privilege of boarding at, entering and riding in Saddle Ridge Riding Center, 900 Shadow Ridge Road, Franklin Lakes, NJ the undersigned does hereby agree to hold harmless and indemnify Saddle Ridge Riding Center its agents, assignees and employees, and further releases them from any claims, liability or responsibility for any harm, accident, damage, injury, or illness to me or my horse and for any injury or damage caused by me or my horse to others, even if the injury or damage resulted directly or indirectly from negligence of, its assigns, Saddle Ridge Riding Center agents or employees.

“Inherent risks of equine activities” shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to: (i) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity;

(ii) the unpredictability of an equine’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals;

(iii) certain hazards such as surface and subsurface objects;

(iv) collisions with other equines, animals, people and objects;

(v) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability

The undersigned acknowledges and agrees that entry of my horse in this horseshow is as a boarder at for the time I am on the Saddle Ridge Riding Center remises and entered in the horseshow and will abide by the farm rules and procedures. I understand that I choose to participate voluntarily in the competition.

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

In the event that the Undersigned is under the age of 18 the signature of both parents or guardians is required. If I am the parent of a junior rider, I consent to my child’s participation in this event and agree to assume all of the obligations and responsibilities under this agreement on my child’s behalf.

Riders Signature Print

Parent/Guardian if Minor Address City State Zip

Parent/Guardian if Minor () ()
Telephone Cell Phone

	Handler/Rider	Owner/Agent	Trainer	Coach
Signature	_____	_____	_____	_____
Print	_____	_____	_____	_____
Address	_____, City _____, State _____, Zip _____			
E-mail-	_____			

Phone Number & Name of Emergency contact while at this show _____
Emergency Phone Number and Name of that person