



Western New England Chapter

2009 FINALS

Held at Mt. Holyoke Equestrian Center
October 11, 2009

Entries must be signed and completed in full before numbers are given out.

NAME OF HORSE	COLOR	SEX	HEIGHT	AGE	Pony / JR Hunter			NAME OF TRAINER OR BARN NAME	
					SM <input type="checkbox"/>	MED <input type="checkbox"/>	LG <input type="checkbox"/>		
RIDER #1		JR'S AGE		CLASSES ENTERED * RIDER #1					
NAME			Class #						
ADDRESS		18-35 <input type="checkbox"/>	Over 35 <input type="checkbox"/>	Class #					
ADDRESS		<small>Check one if applicable</small>		Class #					
			Class #						
RIDER #2		JR'S AGE		CLASSES ENTERED * RIDER #2					
NAME			Class #						
ADDRESS		18-35 <input type="checkbox"/>	Over 35 <input type="checkbox"/>	Class #					
ADDRESS		<small>Check one if applicable</small>		Class #					
			Class #						
<p>WNE-PHA Entry Agreement WNE-PHA Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. Read it carefully before signing.</p> <p>I AGREE in consideration for my participation in this Competition. The WNE-PHA 2009 Finals, 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 WNE-PHA, Competition or Mount Holyoke College from all claims for money damages or otherwise for any harm to me or my horse and from any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the WNE-PHA, Competition or Mount Holyoke College. I AGREE to expressly assume all risks of harm to me or my horse, including harm resulting from negligence of the WNE-PHA, Competition or Mount Holyoke College. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the WNE-PHA, Competition or Mount Holyoke College 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 AGREE to wear protective equipment to include but not limited to head gear as described in Articles 318 and 1712 of the USEF Rules, and understand that no protective equipment can guard all of the obligation of this release on the child's behalf. I AGREE that "the WNE-PHA, Competition or Mount Holyoke College" as used above includes all of their officials, officers, directors, members, employees, agents, personnel, volunteers and affiliated organizations. By Signing Below, I AGREE to be bound by all terms and provisions of this entry blank.</p>								Entry Fees	
								Warm-Ups @ \$15.00	
								Total Amount Due	
								Amount Enclosed	
								Paid by Check #	
								Paid in Cash	
Office Use Only									
								Exhibitor's Number	
Rider 1 Signature (Mandatory)			Owner / Agent Signature (Mandatory)			Trainer / Coach Signature (Mandatory)			
Print Name			Print Name			Print Name			
Rider 1 Parent/Guardian signature if rider is a minor (Mandatory)			Address			Address			
Print Name			Print Name						
Rider 2 (if Applicable)			Rider 2 Parent/Guardian if rider is a minor (Mandatory)			Trainer / Coach Telephone #			
Print Name			Print Name						