



Hidden Brook Stables Schooling Show

447 Waterman Road
Lebanon, CT
FAX: 860-468-0028
860-377-8299
Mistery_72@msn.com

Date of Show: _____

Entry #: _____

Rider Name: _____

Age: _____

Address: _____

Phone Number: _____ Email: _____

Horse's Name _____

Farm/Trainer: _____

I chose to participate voluntarily in this competition as a rider, 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 this competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death. I agree to assume all risks of harm to me or my horse, including harm resulting from the negligence of this competition. I agree to release this Hidden Brook Stables from all claims for monetary damages or otherwise 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 acknowledge that the competition strongly encourages me to wear protective equipment. 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 obligations of this release on the child's behalf. I agree that this competition as used above includes all of their officials, employees, agents, volunteers, and owners.

Exhibitor Signature: _____

Parent/Guardian Signature if under 18: _____

Classes Entered	Fee \$10 each class
TOTAL DUE Make checks payable to: Hidden Brook Stables	