297 Ringwood Rd, Freeville, NY 13068 jandbfreeville@gmail.com jandbfreeville.com <b>J&amp;B Stables</b>	FEE: COGGINS: WAIVER: TEAM:
Fall Hunter Pace & Trail Events September 19 <sup>th</sup> & 20 <sup>th</sup> , October 24 <sup>th</sup> & 25 <sup>th</sup> ENTRY FORM ONE ENTRY FORM PER RIDER – COPY AS NEE	DEDE
Rider Name: Age:Age:Age:	
Phone Number:	
Address:	
E-mail Address:	
Horse's Name:	
Day(s) (circle): SAT 9/19 SUN 9/20 SAT 10/24	SUN 10/25
Preferred Ride Time(s):	
Name(s) of Teammates*:	
Name(s) of Teammates*:	o above!*

OFFICE USE ONLY

## Fees: \$40 per rider for one run, \$20 for additional runs. Stabling is available for an additional \$15 for a box stall for the day. Payment must be made before riding the course. Checks should be made out to "J & B Stables." *Along with the entry form please send in a copy of your horse's current Coggins.* Have fun!

I acknowledge that I, The Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur. I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the n negligence acts of my family members and/or legal wards and animals, and I, the Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force. I acknowledge that I, The Participant, Parent or Legal Guardian, et al, herby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my equine animal at this show, activity and/or event. I, The Undersigned, Participant, Parent or Legal Guardian, being of legal age, have read and do understand the above agreement and release.

I, hereby guarantee that the equine presented for show by myself on this entry form has been vaccinated against rabies and has had a negative Coggins test within the past 12 months and am able to produce such documents upon request. (*Please initial* \_\_\_\_\_)

Participant, Parent, or Legal Guardian (if under 18 years of age)