

HUDSON VALLEY SHOW JUMPING

April 15 7 16, 2011

Horse: _____

Classes: _____

Rider: _____

Address _____

Telephone _____

Email _____

Trainer: _____

Address _____

Telephone _____

Email _____

Owner: _____

Address _____

Telephone _____

Email _____

Office use only:

Fees:

Classes \$ _____ x _____ = \$ _____

Late fee \$15 x _____ = \$ _____

Prize \$ credit <\$ _____ >

Total \$ _____

Payment type (circle one):

Cash Check# _____

Rules and Regulations

* All classes held in accordance to 2010-2011 USEF rules.

* Riders must wear protective headgear at all times when mounted, disclaimer same as USEF recognized horseshows.

* Management reserves the right to cancel, combine or divide any class if entries warrant. Schooling breaks at the discretion of mgmt.

* Food will be available on the grounds.

Hudson Valley Show Jumping / Crosswinds Equestrian Center

Entry Agreement/Release

The Undersigned assume the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, physical harm and even death to horse, rider, owner, trainer, groom, spectator and other attendants.

In consideration, therefore, for the privilege of riding and/or working around horses at CROSSWINDS EQUESTRIAN CENTER, INC., a corporation of the State of New York, located at 17 Crosswinds Lane LaGrangeville, N.Y., the Undersigned does hereby agree to hold harmless and indemnify HUDSON VALLEY SHOW JUMPING CROSSWINDS EQUESTRIAN CENTER, INC. and TRINITY EQUINE, LTD., corporations of the State of New York, their owners, directors, agents, employees, instructors, contractors, and sub-contractors and further release them from any liability or responsibility for accident, damage, injury, illness or death to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Rider

Signature: _____

Print Name: _____

Parent/Guardian Signature:

(Required if rider is a minor): _____

Print Parent/Guardian name: _____

Owner

Signature: _____

Print Name: _____

Trainer

Signature: _____

Print Name: _____

Please mail or fax entries by Wednesday, October 12, 2011:

Hudson Valley Show Jumping

17 Crosswinds Ln. LaGrangeville, NY 12540

Fax: (845) 223-5926 / phone: (845) 223-7433