



Flying High Stables

Negative Coggins
required with all
entries

Jumper Show Entry Form

Rider Number: _____

CASH

OPEN CHECK

PD

Show Date: _____

Make checks payable to **Flying High Stables**

ONE ENTRY PER HORSE/RIDER COMBINATION

Rider: _____ Date of Birth: _____

First Name

Last Name

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____

First

Last

Phone w/area code

Horse's Name: _____ Barn/Trainer: _____

Class #	Entry Fee:

\$20 per class
(including Warm up)

RELEASE

I understand that horseback riding is a high risk sport and I am participating at my own risk. I assume this risk and further do hereby release and hold harmless and indemnify the organizer, organizing committee, sponsors, judges, and officials, their officers, agents, employees, and volunteers, the host, and their agents of this show, and the owners of the property where the event is to be held, from all liability and/or negligence resulting in accidents, damage, injury or illness to myself and/or my agents, and to my property, including the horse or horses at this clinic. **WARNING - Under Massachusetts Law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.**

SIGNATURE _____ Date _____

(PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18 YEARS OF AGE)