

SECRETARY'S USE ONLY	
Payment	1 2 3 4
Coggins	1 2 3 4
Signed	1 2 3 4

ENTRY FORM
LOCUST HILL FARM
Spring Schooling
Trail Ride
Saturday June 3, 2017

SECRETARY'S USE ONLY
Start Time:
Pinny #:

Each Rider must sign Release & Waiver of Liability form!
(PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18.)
Please print E-mail address legibly!

Rider 1 _____
Address _____

Phone _____
E-mail _____

Rider 2 _____
Address _____

Phone _____
E-mail _____

Rider 3 _____
Address _____

Phone _____
E-mail _____

Rider 4 _____
Address _____

Phone _____
E-mail _____

Riders may start any time between 8:00am – 10:30am.

COMPLETED ENTRIES INCLUDE:

- **Pre-PAYMENT** by May 30th \$60 for Ride and Lunch
\$50 No Lunch Provided
- **COGGINS FOR EACH HORSE** (May bring day of)
- **SIGNATURE FOR EACH RIDER**

SEND COMPLETED ENTRIES TO:
*(Entries accepted by mail only,
NO e-mail entries accepted)*

LOCUST HILL FARM
109 MELVILLE ROAD
HYDE PARK, NY 12538

Evening contact:
Tracy Little at (845) 334-8131

Email: LocustHF@aol.com
Phone: (845) 471-2632

www.LocustHillFarmLLC.com
Fax: (845) 486-9270

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

Locust Hill Farm Events 2017

I request permission for me (or my child or ward) to participate in cross-country riding, jumping , trail riding and hunter pacing at Locust Hill Farm LLC. Hyde Park, NY

I fully understand that cross-country horseback riding and pacing (which includes riding over fences, other obstacles and steep and rough terrain) are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks and injury (including death) to me or my property.

In exchange for being admitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claims of any kind against Locust Hill Farm LLC, staff and volunteers, employees, guests, landowners, landholders or other persons making property available to Locust Hill Farm, for any injury (including death) to me or for any damage to my property, whether from negligence of Locust Hill Farm or anyone else’s negligence or any other cause, arising out of my participation in these dangerous horseback riding, cross-country riding and jumping or related activities. I also agree if anyone makes any claim because of any injury to me (including death) or for any damage to my property, I will keep all those released by this agreement free from any damages or costs because of those claims.

I agree to participate completely at my own risk. (Parent/Guardian must sign if rider is under 18.)

Rider 1 Name (Print clearly) _____

Signature or Guardian Signature, Date

Emergency Contact on day of Event / Relationship/ Contact Phone Number
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Rider 2 Name (Print clearly) \_\_\_\_\_

\_\_\_\_\_  
Signature or Guardian Signature, Date

\_\_\_\_\_  
Emergency Contact on day of Event / Relationship/ Contact Phone Number  
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Rider 3 Name (Print clearly) _____

Signature or Guardian Signature, Date

Emergency Contact on day of Event / Relationship/ Contact Phone Number
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Rider 4 Name (Print clearly) \_\_\_\_\_

\_\_\_\_\_  
Signature or Guardian Signature, Date

\_\_\_\_\_  
Emergency Contact on day of Event / Relationship/ Contact Phone Number