



# Letter Perfect Farm Schooling Show 2014 Entry Form

For Dressage Shows, Combined Tests, and Clinics.  
Only ONE horse per form. Please print clearly.  
Mail this Entry form to the Secretary.

Competition Name: \_\_\_\_\_

Competition Date: \_\_\_\_\_

Rider: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Adult Amateur

Open

Junior - Date of Birth: \_\_\_\_\_

Please check appropriate boxes.  
You must list Junior Rider's DOB

Horses's Name	Breed	Color	Sex	Height	Age

Class #	Class , Division and/or Level	Fee

Total Class Fees: \$ \_\_\_\_\_

Day Stall Fee: \$ \_\_\_\_\_

Late Fee: \$ \_\_\_\_\_

Total Fees Enclosed: \$ \_\_\_\_\_

Entry Check list:

- All boxes filled out
- Copy of current Coggins enclosed (within 1 year)
- Check made payable to Letter Perfect Farm, Inc.
- Signed waiver

## Massachusetts Clause

Under Massachusetts law, any equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of Chapter 128 of the General Laws.

### WAIVER/RELEASE MUST BE COMPLETED, SIGNED & INCLUDED WITH ENTRY Letter Perfect Farm Release, Assumption of Risk, Waiver and Indemnification

*This document waives important legal rights. Read it carefully before signing.*

I AGREE in consideration for my participation in the Competition for which this Entry Blank is used to the following:  
 I AGREE that I choose to participate voluntarily in the Competition with my horse as a rider, handler, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death.  
 With this knowledge and as an inducement for the landowners and organizers to allow me to ride on the grounds of the Competition, I AGREE to release Letter Perfect Farm, Competition, the landowners, farms and any and all of their agents, employees, organizers, officials, directors, members, volunteers or officers (hereafter "the foregoing") from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from negligence of the foregoing.  
 I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the foregoing.  
 I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the foregoing and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the competition.  
 I have read Rules about protective equipment, including USEF Articles 318 and 1713, and DR120.5. I understand that I am required to wear an ASTM approved helmet at all times when mounted on a horse, while recognizing that no protective equipment can guard against all injuries.

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 of the obligations of this Release on the child's behalf.

I AGREE that Letter Perfect Farm and Competition as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

**BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank.**

<b>MANDATORY SIGNATURES OF PARTICIPANTS</b>		
No copies. No word "Same". "R / H / L" indicates Rider / Handler / Longeur		
Entries will not be accepted without mandatory signatures, full payment of fees, and legible proof of negative Coggins test		
Any person (other than R / H / L) giving instruction, coaching, riding Horse at Event must sign below as Coach / Trainer		
I AGREE TO WEAR AN ASTM APPROVED HELMET AT THIS EVENT AT ALL TIMES WHEN ON A HORSE		
RIDER/HANDLER/LONGEUR(Mandatory)	Signature	Print Name
PARENT/GUARDIAN (Mandatory if R/H/L minor)	Signature	Print Name

<b>MEDICAL ALERT</b> (i.e.: medication allergies)	
Emergency Contact	Emergency Phone Number