

Entry # \_\_\_\_\_

Show Name: \_\_\_\_\_

Show Date: \_\_\_\_\_

Please mail entries or enter online by  
**Wednesday before show** 17 Crosswinds Lane–  
Lagrangeville, NY, 12540 Phone: 845-223-7433



**ONE ENTRY PER HORSE**

NAME OF HORSE	SEX	COLOR	AGE	HEIGHT
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RIDER #1	AGE	AM / JR / PRO	CLASSES
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RIDER #2	AGE	AM / JR / PRO	CLASSES
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RECIPIENT OF PRIZE MONEY	ADDRESS	SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER
	CITY, STATE, ZIP	

**Hudson Valley Show Jumping Entry Agreement      Release, Indemnification, and Hold Harmless Agreement      Show Fees**

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

- I AGREE in consideration for my participation in the Competition stated at the top of this form to the following:
- I AGREE that I choose to participate voluntarily in the Competition with my horse as a rider, driver, handler, lounge, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risk of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm")
- I AGREE to release the Competition, Crosswinds Equestrian Center, Inc., (CEC) Trinity Equine LTD. (TE), Hudson Valley Show Jumping, LLC (HVSJ), and any or all equestrian sport governing body (local or national) from all claims for money damages or otherwise for any Harm to me or my horse and any Harm results, directly or indirectly, from the negligence of the Competition, CEC, TE, and/or HVSJ.
- I AGREE to expressly assume all risk of Harm to me or my horse, including Harm resulting from the negligence of the Competition, CEC, TE, and/or HVSJ.
- I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Competition, CEC, TE, and/or HVSJ 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 acknowledge that the Competition, HVSJ, and Crosswinds Equestrian Center requires me to wear an ASTM rated safety helmet AT ALL TIMES WHILE ON HORSE BACK, as part of the Competition Rules, while warning that no protective equipment can guard against all injuries. If I am the parent or guardian of a junior exhibitor I AGREE to all the above provisions and AGREE to assume all of the obligation of this Release on the child's behalf.
- I AGREE that the "Competition", "CEC", "TE" and "HVSJ" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, photographers, videographer and other affiliated organizations.

**Medical Release:** If emergency medical care is required for myself, and/or a junior rider whom I am either the parent or legal guardian, and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Class Entry Fees .....\$ \_\_\_\_\_

Classic Entry .....\$ \_\_\_\_\_

Stabling .....\$ \_\_\_\_\_

Late Fee .....\$50 \_\_\_\_\_ \$ \_\_\_\_\_

Non-Showing Horse Fee .....\$50 \_\_\_\_\_ \$ \_\_\_\_\_

Total ..... Less Prize Money (\$ \_\_\_\_\_) = \$ \_\_\_\_\_

**Enter this show online at  
[www.horseshowsonline.com](http://www.horseshowsonline.com)**

Parent/Guardian Signature for Rider 1: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian Signature for Rider 2: \_\_\_\_\_ Print Name: \_\_\_\_\_

**\*\*\*This entry form MUST be filled out in it's entirety or numbers will not be issued\*\*\***

Office Use Only

Method of Payment: Cash    Credit    Check: # \_\_\_\_\_

**NO NUMBERS WILL BE ISSUED WITHOUT A VALID FORM OF PAYMENT ON FILE**

Emergency Contact:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**Trainer/Coach      Owner      Rider # 1      Rider # 2**

Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Farm Name: _____	Address: _____	Address: _____	Address: _____
Address: _____	City: _____	City: _____	City: _____
City: _____	State, Zip: _____	State, Zip: _____ DOB: ____/____/____	State, Zip: _____ DOB: ____/____/____
State, Zip: _____	Phone: _____	Phone: _____	Phone: _____
Phone: _____	Email: _____	Email: _____	Email: _____
Email: _____			
Signature: _____	Signature: _____	Signature: _____	Signature: _____