

Roanoke Valley Pony Club

Benefit Horse Show

Entry Form

Sunday, July 11, 2010

Rider Information

Name: _____

Address: _____

City/State/Zip: _____

Age as of 01.01.10 (if junior): _____

Email Address: _____

Phone: _____

Is this horse/rider combination a BRHF member?

___ no ___ yes, back # _____

Did you reserve a stall today?

___ no ___ yes, stall # _____

Horse/Pony Information

Show Name: _____

Barn Name: _____

Fill in all spaces below:

Coggins Information (exactly as written on report):

Owner: _____

Address: _____

City/State/Zip: _____

Horse Name: _____

Accession Number: _____

Date Blood Drawn: _____ State: _____

Please write in class numbers for classes you would like to enter (check class descriptions closely).

Number of classes entered: _____ x \$10/class = _____

Number of stalls: _____ x \$20/stall (\$10 refund for clean stall) = _____

Total fees due = _____ (Please make checks payable to RVPC.)

Paid: cash _____ Paid: check # _____ Open Check # _____

Please sign the release on the back of this entry form. Thanks!

Trey Wolz is here today taking pictures of riders who sign up. Please check here if you would like Trey to photograph you today: _____ (A CD with all your photos is \$30 each, including shipping.)

Back # _____

RELEASE AND WAIVER OF LIABILITY

Roanoke Valley Pony Club

I, _____, do hereby acknowledge and agree for the good consideration of being permitted to engage in equine activities sponsored by Roanoke Valley Pony Club (RVPC) and located at Green Hill Park Equestrian Center in Salem, Virginia, that by engaging in an equine activity, I am participating in an activity that poses potentially serious risk of injury or death to myself and others. **By signing this Release and Waiver of Liability, I assume the risk of all of the intrinsic dangers associated with participating in an equine activity, pursuant to sections 3.2-6200 through 3.2-6203 of the Code of Virginia.**

The intrinsic dangers associated with participation in equine activities are those dangers and conditions integral to participation in equine activities, including, but not limited to: (1) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with animals or objects; and (5) the potential of an equine activity participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant’s ability. Va. Code, § 3.2-6200.

Additionally, by signing this Release and Waiver of Liability, I **waive and release any and all claims or rights to sue that I or my heirs may have in relation to my engagement in an equine activity and those risks assumed above** against RVPC, Roanoke County Parks, Recreation, and Tourism, and any sanctioning organization associated with the show or activity (i.e. Southwest Virginia Dressage Association or Blue Ridge Horse Force); or the club sponsors, show or activity organizers, show managers, show secretaries, employees, volunteers,, or family members of any of the heretofore mentioned, collectively or as individuals. **It is my intent to give up those rights and hold the above parties harmless, and I do so knowingly and voluntarily.** Furthermore, I agree in consideration for and as condition of my being allowed to participate in this equine activity, **to hereby indemnify, save, and hold harmless all of those parties heretofore mentioned, from any and all claims for loss, damage, and/or injury to any third party resulting from, arising out of, during the course of, or in connection with my participation in said equine activity.**

This Release and Liability Waiver is presumed effective until such time that written notice is provided by the participant or RVPC or Roanoke County Parks, Recreation, and Tourism.

Participant: _____

DOB: _____

Signed: _____

Date: _____

(parent if participant is under 18)

Address: _____

Phone: _____