



Spring Valley Hounds Classic Horse Show

Spring Valley Showgrounds
Sand Spring Lane, New Vernon, NJ 07976



May 20th 2018

Please make checks out to:
Spring Valley Hounds

For Office Use Only

Check # _____

Name on check: _____

Amount: _____

Please Print

Entry #:		Name of Horse:	
Name of Recognized Hunt if rider belongs to one:		Classes:	
Name of Rider:		Age:	
Owners Name _____	Rider Name _____	Trainer Name _____	
Address _____	Address _____	Address _____	
_____ Zip _____	_____ Zip _____	_____ Zip _____	
Phone# _____	Phone# _____	Phone# _____	
Email _____	Email _____	Email _____	

PLEASE READ AND SIGN BELOW

By signing this entry form the undersigned recognizes that horeback riding or driving and participating in horse shows have inherent risks and dangers, and that the undersigned and any students, children or others persons for which the undersigned is responsible will hold harmless the SHOW OFFICIALS, EMPLOYEES, AND ANY OTHERS INVOLVED INT THE SHOW CONDUCT AND OPERATIONS, from any injury suffered during participation in horse show or on the show premises. Furthermore, the undersigned and those for whom the undersigned is responsible, agree to release, indemnify, and hold harmless, SHOW OFFICIALS, EMPLOYEES, AND ANY OTHERS INVOLVED IN THE SHOW CONDUCT AND OPERATION, from any loss, damage or injury to person, animal, property or thing which the undersigned owns or is responsible for at this event.

WARNING

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES PURSUANT TO

P.L. 1997, C. 287, C: 5:15-1 ET SEQ

A participant shall submit a written report to the operator setting forth details of any accident or incident as soon as possible, but in no event longer than 180 days from the time of the accident of incident

Total Entry Fees

Office Fee @ \$5 per rider

Total

Rider/Guardian Signature: _____

Owner Signature: _____