



Hidden Creek Equestrian Center Show Entry Form

Show Date: _____

Rider:	_____
Address:	_____ _____ _____
Phone:	_____
Email:	_____
ESDCTA/USDF #:	_____
LVDA #:	_____

Owner:	_____
Address:	_____ _____ _____
Phone:	_____
Email:	_____
USDF #:	_____

Rider Status:

- Adult Amateur
 Open
 Junior - Birthdate: _____

Horse Name	Breed	Color	Sex	Height	Year of Birth
USDF #:			T.I.P. #:		

Class #	Class, Division and/or Level	Fee
Total Fees:		

STATEMENT OF INHERENT RISK - READ CAREFULLY BEFORE SIGNING:

SERIOUS INJURY OR DEATH MAY RESULT FROM THE INHERENT RISKS ASSOCIATED WITH PARTICIPATION IN EQUINE ANIMAL ACTIVITIES AND HIDDEN CREEK EQUESTRIAN CENTER IS NOT RESPONSIBLE FOR YOUR SAFETY. YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW.

In consideration for my participation in this Hidden Creek, ESDCTA and USDF sanctioned event, I agree to the following:
 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, and suffering or death ("Harm"). I hereby agree to release, indemnify and hold harmless Hidden Creek, ESDCTA, USDF, its clinicians, officers, show managers, agents, officials and volunteers from and against any and all loss, liability or damage arising from, or because of, or in connection with, participation in this competition or related activities. 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. By signing below, I agree to be bound by all applicable rules and all terms and provisions of this entry.

Rider's Signature

Owner's Signature

Parent/Guardian Signature - Required if Rider is Under age 18

Trainer's Name