***DRESSAGE ENTRY FORM***

**SCHOOLING FUN SHOW at the HPNJ September 20, 2020**

Only **ONE** horse per form.  Please print clearly.

**Entries must be complete with signatures, copy of current Coggins, full payment to the Horse Park of NJ, and signed copy of the Dressage Rules and Acknowledgement**

**Show Date:** Sunday, September 20th **Mail to:  SFS, ℅ Jan Buchalski**

**Opening Date**:   8/14/20 **Closing date:**  9/14/20 **24 Broad Street Questions:** 609-575-7610 **Allentown, NJ 08501**

**Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ESDCTA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Jr/Sr\_\_\_\_\_\_\_\_**

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

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIP Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Horse’s  JC Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name of Horse** | **Breed** | **Color** | **Age** | **Height** | **Gender** |
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| **Class #** | **Class Name  - Division -  Level**  **Intro Level Classes**: You MUST indicateif Starter Horse or Starter Rider  **Training Level and above**: You MUST indicate Junior OR Senior Rider | **Fee ($30/class)** |
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| \*\*\*\* | Please list any cross entries - Class # |  |
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|  |  |  |
|  | Office fee $5.00 |  |
|  | Late fee $10.00 if applicable |  |
|  | **TOTAL**: |  |

I hereby agree to release, indemnify and hold harmless the Horse Park of NJ, 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, clinic or related activities.  If I am a parent or Guardian of a junior exhibitor, I consent to the child’s participation and agree to assume all 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.  “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 THE DETAILS OF ANY ACCIDENT OR INCIDENT AS SOON AS POSSIBLE, BUT IN NO EVENT LONGER THAN 180 DAYS FROM THE TIME OF THE ACCIDENT OR INCIDENT.

**Rider’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Note: Parent/Guardian must sign if competitor is under 18)**