

TAKING STRIDES HORSE SHOW - - - JUNE 20TH 2020

HORSE NAME					RIDERS		OFFICE USE ONLY	OFFICE USE ONLY
					RIDER ONE			
Check box if horse is NON-SHOWING <input type="checkbox"/>	COLOR	SEX	HT.	YEAR OF BIRTH	RIDER TWO			

CLASSES	SHOW FEE'S						
RIDER ONE CLASSES / DIVISION	<table style="width:100%;"> <tr> <td style="width: 50%;">HORSES ARRIVE:</td> <td>OFFICE: \$10.00 X <u> 1 </u> = \$10.00</td> </tr> <tr> <td></td> <td>EMT : \$5.00 X <u> 1 </u> = \$5.00</td> </tr> <tr> <td></td> <td>STALL: \$45 X <u> </u> = \$_____</td> </tr> </table>	HORSES ARRIVE:	OFFICE: \$10.00 X <u> 1 </u> = \$10.00		EMT : \$5.00 X <u> 1 </u> = \$5.00		STALL: \$45 X <u> </u> = \$_____
HORSES ARRIVE:	OFFICE: \$10.00 X <u> 1 </u> = \$10.00						
	EMT : \$5.00 X <u> 1 </u> = \$5.00						
	STALL: \$45 X <u> </u> = \$_____						
RIDER TWO CLASSES / DIVISION	<table style="width:100%;"> <tr> <td style="width: 50%;">STABLE WITH:</td> <td></td> </tr> </table>	STABLE WITH:					
STABLE WITH:							

CLASS FEE'S	NOTES	PAYABLE & MAIL TO:	TOTAL FEE'S
REGULAR: \$15.00 X _____ = \$ _____ REGULAR 4H Memb.: \$12.00 X _____ = \$ _____ STAKE CLASS: \$20.00 X _____ = \$ _____ 2'3" HUNTER CLASSIC: \$45.00 X _____ = \$ _____ X-RAIL CLASSIC: \$35.00 X _____ = \$ _____ BLUE / RED WARM UP: \$10.00 X _____ = \$ _____ FUN CLASSES : \$5.00 X _____ = \$ _____		BIRCHTOWN STABLES ATTN: TAKING STRIDES PO BOX 126 FOREST CITY, PA 18421 PAYMENT (OFFICE USE ONLY) CHECK # _____ DATE: _____ CASH AT SHOW (____) PAID _____	TOTAL CLASS FEE = \$ _____ TOTAL STALL FEE = \$ _____ TOTAL SHOW FEE = \$ _____ TOTAL MIS. FEE = \$ _____ FINAL TOTAL = _____

I AGREE that "Birchtown Stables, Inc." and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. 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, suffering, or death. ("Harm"). I AGREE to hold harmless and release Birchtown Stables, Inc and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of Birchtown Stables or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) Birchtown Stables, Inc and the Competition 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 while on the show grounds prior to, during or after the Competition. 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. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

OWNER	RIDER ONE	TRAINER	RIDER TWO
OWNER NAME	RIDER NAME	TRAINER NAME	RIDER NAME
ADDRESS	ADDRESS	ADDRESS	ADDRESS
CITY ST ZIP	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
CELL	CELL	CELL	CELL
EMAIL	EMAIL	EMAIL	EMAIL

OWNER/AGENT	RIDER/HANDLER	TRAINER
MANDATORY	SIGNATURE: _____ Print Name: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>
	SIGNATURE: _____ Print Name: _____	SIGNATURE: _____ Print Name: _____
(Required if Rider/Handler is a minor) PARENT/GUARDIAN SIG.: _____ Print Name: _____	SIGNATURE: _____ Print Name: _____	Is Rider a U.S. Citizen: YES <input type="radio"/> NO <input type="radio"/>
		COACH SIGNATURE: _____ (if applicable) Print Name: _____ Emerg. Contact Phone# _____