

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

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: _____ |
| | (Required if Rider/Handler is a minor) PARENT/GUARDIAN SIG.: _____ 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# _____ |