

OFFICE USE

Entries Paid:

Number Issued:

Proof of Coggins/Rabies:

Schooling Show Entry Form

Date of Show: _____

Please fill in all information

Rider's Name: _____

Street: _____ **City, State, Zip:** _____

Email: _____ **Rider's Age:** _____

Name of Horse: _____ **Owner of Horse:** _____

Trainer/Barn Name: _____

Class Number												
Class Fee												Total
Fee Schedule: \$10.00 regular classes \$15 pattern classes \$15 dressage classes \$10.00 post entry *if after Thursday at 5PM											Office Fee \$5	
											Post Entry Fee \$10	
											Total	

Check Payable to: HERBST ARABIANS LLC or CASH

Waiver of Liability**

Under Connecticut law, Public Act # 93-286 "each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure, or activity by the person providing the horse or horses or his agents or employees." The undersigned agrees to release, indemnify, and hold Herbst Arabians LLC/82 Anderson Road LLC and its officials, volunteers, etc.; harmless to any and all claims. Signature on entry form constitutes agreement herein.

Exhibitor's Signature _____ **Date:** _____
(Parent or Guardian Signature required if exhibitor is under 18 years of age)

Pre-enter by 5 PM Thursday before the show and avoid a \$10.00 post entry fee. Email to: herbstarabians@gmail.com

Proof of negative coggins and rabies vaccine required.