

Practical Dressage and Eventing
Horse Show Entry Form

Show date _____

Rider Name: _____ Jr. under 18 yrs? _____

Address: _____

Email address: _____

Home phone: _____ Cell: _____

Horse's name: _____

Classes entered: _____

(\$25.00 per class. No refunds after closing date without veterinary notice. All entries to be paid in full, prior to beginning of class. Negative coggins dated within 12 months must accompany entry.)

Checks payable to Mary Grace
Please mail entries to:
3400 Strasburg Road
Coatesville, PA 19320

Liability Release: The undersigned recognizes that there are dangers inherent in all horse related activities. The undersigned agrees to hold harmless Mary Grace dba Practical Dressage and Eventing, the property owners from whom Mary Grace leases the facilities, and all of their employees, volunteers, agents, successors, assigns and representatives against, and to release them from, any liability or responsibility or accident, damage, injury, illness or death to the undersigned, any horse(s) which the undersigned causes to be on the premises, or person accompanying the undersigned, and against and from liability or loss of, or damage to any property belonging to any of these individuals.

Signature of Rider

**Parent/Guardian Signature
If rider is under 18 yrs**

Date

YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PA LAW