



Horse Show Entry & Waiver Form

Seaton Hackney Stables
 440 South Street, Morristown, NJ 07960
 Office: (973) 644-3355
 www.seatonhackney.com

Name of Rider _____	<input type="checkbox"/> PEP <input type="checkbox"/> Jr <input type="checkbox"/> Sr	Email Address for changes _____	Street Address _____	City _____	St _____	Zip _____
Instructor: _____						

Division(s)	1 st choice of Horse or Pony	2 nd choice of Horse or Pony
1 st (\$75): _____		
Additional (\$50): _____		
Additional (\$50): _____		

Entry Fee	\$ _____
Additional Division Fee (\$50)	\$ _____
Additional Division Fee (\$50)	\$ _____
Total Fees	\$ _____

Every entry at this competition shall constitute an agreement and affirmation that all participants (which include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse.) For themselves, their principals, representatives, employees and agents: 1. Shall be subject to the constitution and rules of the competition; 2. Represent that every horse, rider, driver, and handler is eligible as entered; 3. Agree to hold the competition, their officials, directors and employees harmless for any action taken; 4. Agree that as a condition of and in consideration of acceptance of entry, they authorize the competition management to market, transfer, assign or otherwise make use of any photographs, likenesses, film, broadcasts, cablecasts, audiotapes or videotapes taken of the horse(s) and participant(s) while on the grounds, incident, to or in transit between the stabling facility and the event site in any way they see fit for the promotion, coverage or benefit of the event, without compensation to any of them, so long as the use neither jeopardizes amateur status nor endorses a specific product or service and to invasion of privacy, right of publicity or to misappropriation, and 5. Agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk or serious injury or death and by participating they expressly assume any and all risks of injury or loss and they agree to indemnify and hold the competition and their officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with the competition whether or not such claim, injury or loss resulted directly from the negligent acts or omissions or indirectly from the negligent acts or omissions of said officials, directors, employees or agents of competition.

Signature of Competitor: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
(Required if Rider is a Minor)

EMERGENCY CONTACT: _____ **Phone #:** _____

Billing Information / Paid with:

Cash _____

Check # _____

Credit Card # _____

Exp Date: _____ Billing Zip Code: _____

\$B\$ amount _____

RIDER'S NUMBER:

Paid Stamp