

MILLPOND EQUESTRIAN CENTER OPEN SCHOOLING HORSE SHOW

ENTRY FORM – ONE ENTRY PER HORSE/RIDER

Mail entries to: **MEC 590 Rocking K Rd., Bishop, Ca. 93514 Phone 760.873-6037**

Owner Name _____

Address: _____

Phone: _____ Amateur Card # _____

Rider/Trainer/Youth Name: _____

Birth Date: _____ Age: _____

Owner /Rider Signature _____

Horse Name: _____ Sex _____ Foal Date _____ Breed _____

Class # or Division # and Class# _____

Number of Classes X \$ _____ Total fees _____

Entry forms and Liability Statement must be signed before numbers will be issued.

In consideration of the acceptance of this entry, I acknowledge that participation in a horse related event can pose a danger to myself, my horse (or other animal) and property, and I assume that risk. I do hereby release, indemnify and hold harmless the Millpond Equestrian Center its owners, employees and volunteers, where this event is being held from any and all claims or causes of action of any kind or description for damage or injury to my person or property resulting from my participation of involvement in this event.

Signature _____ Youth Name _____

Date: _____

Parent/Guardian Signature _____