



Horse Park of New Jersey Cross Country Schooling



Helmets, armbands with medical card inside or medical bracelet with required info, ground person and vests are required

Schooling Date:

Pinney #

Rider Name:		
Address:		
City, State, Zip		Ph:
Email Address:		
Horse Park of NJ Member: Yes:_____ No:_____		

Entry Fee:		Qty Total
Horse Park of NJ Members	\$55 per horse	
Non Horse Park of NJ Member	\$65 per horse	
	Entry Total	

Horse Name	Breed	Age	Color	Coggins Date	Level

Warning: Under New Jersey Law, an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities pursuant to PL1997 c.287 (C.5:15-1 et seq). I agree in consideration for my participation in this Horse Park of NJ sanctioned activity to the following: 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, and suffering or death ("Harm"). I hereby agree to release, indemnify, and hold harmless Horse Park of NJ, its clinicians, officers, show managers, agents, officials and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition, clinic or related activities. If I am a parent or Guardian of a junior exhibitor, I consent to the child's participation and agree to all the above provisions and agree to assume all the obligations of this release on the child's behalf.

Name	Signature	Date
Parent/Guardian Name if under 18	Signature	Date