



HORSE PARK OF NJ ENTRY FORM
 For Dressage Schooling Shows
 Only ONE horse per form. Please print clearly.
 Mail to: Horse Park of NJ, 626 Route 524,
 Allentown, NJ 08501
 (609) 259-0170

Show Date: _____ Cell Phone: _____

Rider: _____ Jr/Sr _____

Address: _____

Email: _____
 (please write legibly - ride times will be emailed)

Horse's Name	Breed	Sex

If riding more than one horse, please state name of horse and class/level of other horse(s):

Class #	Class, Division and/or Level (For class #'s 1,2,3,&4 – designate if starter rider, starter horse, or open)	Fee

I agree for my participation in this competition or clinic sanctioned by the *Horse Park of NJ* 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 the *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. I also agree to release the show management, show committee and members, officers, 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 of Guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all the obligations of this release on the child's behalf.
 By signing below, I agree to be bound by all applicable rules and all terms and provision of this entry.

Rider's Signature _____
 (Note: Parent/Guardian must sign is competitor is under 18)

Owner's Signature: _____

FEES ENCLOSED:

Entry(s) \$30 per class	\$ _____
Stabling: \$35.00 per stall (day stalls only)	
# of stalls _____ x \$35.00 =	\$ _____
Shavings: \$7.00 per bag (pre-ordered)	\$ _____
Late Fee (if applicable)	\$ _____
Total Enclosed:	\$ _____

**ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE WITH SIGNATURE,
 FULL PAYMENT OF ALL FEES, AND PROOF OF NEGATIVE COGGINS**