Autumn Grove Stables Entry Form CESHS Series

Show Date(s): _____

11026 Sinepuxent Road, Berlin, MD 21811 agsentries@gmail.com

******Only 1 form should be completed if you are showing both days. Classes for Saturday start with a 1. Classes for Sunday start with a 2!******

Entry #	Horse or Pony Information							Coggins
	Horse or Pony Name	MHSA# / CESHS #	Stallion Gelding Mare	Color	Age	Height	Pony Size S M L	

Rider Information Age: _____ Birth Date: _____

Name: _____ MHSA #: _____

Address: _____ CESHS#: _____

City: _____ State: _____ Zip: _____

Phone #: (home) _____ (cell) _____

Email: _____

Signature: _____

Parent or Guardian signature required if rider is a minor

Parent Name: _____

Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (home) _____ (cell) _____

Email: _____

Signature: _____

Trainer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (home) _____ (cell) _____

Email: _____

Signature: _____

Classes Entered:

_____, _____, _____, _____, _____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____, _____, _____, _____, _____,

Unjudged Schooling Round	#_____ @	$15	_____
Unrated Classes	#_____ @	$20	_____
MHSA Classes	#_____ @	$20	_____
Medal and Classics	#_____ @	$25	_____
Sat. Registration Fee		$25	_____
(Pre-Entry Discount)		-$5	_____
Sat. CESHS Fee		$5	_____
Sun. Registration Fee		$25	_____
(Pre-Entry Discount)		-$5	_____
Sun. CESHS Fee		$5	_____
Stall Fee (Fri-Sun)		$100	_____
Stall Fee (4pm Sat-Sun 1 night)		$50	_____
Day Stall (per day)		$35	_____
Friday night schooling (without stall)		$25	_____
Shavings		$10	_____

OFFICE USE ONLY

Cash: _____

Check # _____

Check $ _____

Make checks payable to: AGS

Checks must be for the exact amount, or left open. There is a $30 charge for checks returned by our bank.

By entering a competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, or Handler and on behalf of myself and my principles, representatives, employees and agents, I agree that I am subject to the following. **This document waives important legal rights. Read it carefully before signing.**

I AGREE in consideration for my participation in this Competition, Autumn Grove Stables Horse & Pony Show, to the following: I Agree that I choose to participate in this Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accidents, loss, and serious bodily injury including broken bones, head injury, trauma, pain, suffering, or death ("HARM"). I agree to release the competition from all claims for money damages or otherwise for any harm to me or my horse and for any harm caused by me or my horse to other, even if the harm resulted, directly or indirectly, from the negligence of the competition. I agree to expressly assume all risks of harm to me or my horse, including harm resulting from the negligence of the competition. I agree to indemnify (that is to pay any losses, damages, or costs incurred by) the competition and to hold them harmless with the respect to the claims for harm to me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the competition. I agree to expressly assume all risks of harm to me or my horse, including harm resulting from the negligence of the competition. I have read the federation rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the competition strongly encourages me that I do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or 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 of the obligations of this release on the child's behalf. I agree that "competition" as used above includes all of their officials, officers, directors, employees, agent, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. I agree that if I am injured in this competition, the medical personnel treating my injuries may provide information on my injuries and treatment to the federation USEF accident/incident report form. BY SIGNING THIS DOCUMENT, then I further agree to be bound by all applicable competition rules and all terms and provisions of this entry blank. **Exhibitors competing in classes restricted to amateurs must meet the requirements of USEF rule GR1306. Your signature as an exhibitor/ rider on the entry blank will verify that you understand and are in compliance with this rule.**

Mail to: AGS, 11026 Sinepuxent Road, Berlin, MD 21811 Fax: 410-641-0723
Email: agsentries@gmail.com.com