

SECRETARY'S USE ONLY

Payment 1 2 3 4

Coggins 1 2 3 4

Signed 1 2 3 4

ENTRY FORM

**LOCUST HILL FARM
HUNTER PACE
Sunday November 4, 2018**

SECRETARY'S USE ONLY

Start Time:

Pinny #:

I enclose herewith a total of \$_____ (\$90 per rider paid by 10/23, \$100 paid by 11/3, \$110 day of pace) for the entry below, and understand that I am participating in the Locust Hill Farm Hunter Pace at my own risk, subject to the Rules and Regulations of the Pace; and agree to hold harmless Locust Hill Farm and the Organizers of the Hunter Pace free from any responsibility whatsoever, as to accident or injury to myself, horse, and/or handlers.

Each Rider must sign Release & Waiver of Liability form!

(PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18.)

Please print E-mail address legibly!

Rider 1 _____
 Address _____

 Phone _____
 E-mail _____

Rider 2 _____
 Address _____

 Phone _____
 E-mail _____

Rider 3 _____
 Address _____

 Phone _____
 E-mail _____

Rider 4 _____
 Address _____

 Phone _____
 E-mail _____

Please Circle Preferred Start Time Range: Prior to 8:30 · 8:30 · 9:00 · 9:30 · 10:00 · 10:30 · 11:00 · 11:30
(Note end of Daylight Savings Nov. 4th - turn clocks back 1 hour!)

COMPLETED ENTRIES INCLUDE: PAYMENT · COGGINS FOR EACH HORSE · SIGNATURE FOR EACH RIDER

SEND COMPLETED ENTRIES TO:
*(Entries accepted by mail only,
 NO e-mail entries accepted)*

**LOCUST HILL FARM
 109 MELVILLE ROAD
 HYDE PARK, NY 12538**

Evening contact:
 Tracy Little at (845) 334-8131

**Email: LocustHF@aol.com
 Phone: (845) 471-2632**

**www.LocustHillFarmLLC.com
 Fax: (845) 486-9270**

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

Locust Hill Farm Hunter Paces 2018

I request permission for me (or my child or ward) to participate in cross-country riding, jumping and hunter pacing at Locust Hill Farm LLC. Hyde Park, NY

I fully understand that cross-country horseback riding and pacing (which includes riding over fences, other obstacles and steep and rough terrain) are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks and injury (including death) to me or my property.

In exchange for being admitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claims of any kind against Locust Hill Farm LLC, staff and volunteers, employees, guests, landowners, landholders or other persons making property available to Locust Hill Farm, for any injury (including death) to me or for any damage to my property, whether from negligence of Locust Hill Farm or anyone else's negligence or any other cause, arising out of my participation in these dangerous horseback riding, cross-country riding and jumping or related activities. I also agree if anyone makes any claim because of any injury to me (including death) or for any damage to my property, I will keep all those released by this agreement free from any damages or costs because of those claims.

I agree to participate completely at my own risk.

Rider 1 Name (Print clearly)

Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)

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Rider 2 Name (Print clearly)

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Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)

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Rider 3 Name (Print clearly)

Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)

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Rider 4 Name (Print clearly)

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Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)