

French Creek Schooling Show Entry Form



SHOW DATE _____

Participant's Name (Please Print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ USDF Member # _____ Email: _____

Emergency Contact & Phone: _____

HORSE _____

Breed _____ Age _____ Color _____ Gender _____

	Circle	Class #	CLASS/TEST	ENTRY FEES
FCEA Member?	Yes No			\$
4H Member?	Yes No			\$
Off Track Tb?	Yes No			\$
			Member/4H Discount \$5.00	(\$ _____)
			Volunteer Voucher(s)	(\$ _____)
			Late fee \$10.00	
			TOTAL =	\$

What is your preferred minimum time between classes? _____

I enclose herewith a total of \$_____ for the aforementioned entry, which is made at my own risk and subject to the conditions of the organizer and the sponsoring French Creek Dressage Association. I agree to abide by the rules which cover this event as set forth by the USA Equestrian and 4H

I understand that this is a high risk sport, and that my participation in this activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity **I agree** to assume responsibility for those risks, and **I release** and agree to hold harmless the activity organizer, organizing committee, officials, the FCEA, their officers, agents, employees and the volunteers assisting in the conduct of this FCEA activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

Check here if participant is under 18 years old.

SIGNATURE: _____ Date: _____

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)

THIS FORM MUST BE FILLED OUT COMPLETELY.

Entries will only be accepted if completed with signature, full payment and Negative Coggins Test.

Make checks payable to: FCEA

Mail Entry to: Organizer c/o French Creek Equestrian PO Box 335, Elverson, PA 19520