

Grazing Fields Farm May 16, 2010
2010 Cranberry Circuit Horse Shows
please fill form out completely !

Entry # _____

Stable/Trainer _____

Rider Name _____ Horse _____

Address _____ Town _____ Zip _____

Telephone _____ email _____ (join our email list for show updates, banquet info, etc.!) _____

Owner's Name and Address _____

Trainer's Name, Address, Telephone _____

Please Circle Class Numbers to be Entered: Warm-Ups 1 , 11 , 24 Hunter Hack 2 Pony Hunter 3 , 4 , 5
 Limit Equitation 6 , 10 Hopeful Hunter 7 , 8 , 9 Cranberry Circuit Hunter 12 , 13 , 16 Open Eq. 14, 17
 Cran. Circuit Medal 15 Pleasure Pony 18, 19, 20 Pleasure Horse 21 , 22 , 23 Short Stirrup Equitation 25 , 29
 Short Stirrup Hunter 26 , 27 , 28 Lead Line 30,31 Novice 32 , 33 , 34 , 35 Walk-Trot 36 , 37 , 38 , 39

of Classes Entered _____ x \$13.00= _____

Post entry fee 10.00

EMT fee 5.00

Every entry at a recognized show shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, manager, agent, coach, rider and the horse, 1) shall be subject to the

TOTAL

rules of this show; 2) that every horse and rider is eligible as entered and, 3) that the owner and any of his representatives are bound by the rules of this show, and will accept as final the decisions of the hearing committee on any question arising under such rules and agree to hold harmless Grazing Fields, Inc., or the directors, employees, and agents, harmless for any loss suffered during or in connection with the show, whether or not the such injury resulted, directly or indirectly, from the negligent acts of said officials, directors, employees or agents of Grazing Fields, Inc., or the show. I hereby enter the above at my own risk, subject to the rules of Grazing Fields, Inc., and engage to be responsible for any injury or damages that may occur to or be so caused by any animals, vehicles, or trappings, or the loss of any animals, vehicles or trappings exhibited by me, and I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership. I also certify that any animal exhibited by me is free of any infectious or contagious disease, and possesses a current Coggins test. Under Massachusetts Law, an equine professional is not liable for any injury, or the death of, a participant in equine activities from the inherent risks of Equine Activities pursuant to Section 2D of Chapter 128 of the General Laws.

Rider(or Guardian if rider is a minor) Signature _____

Owner/Agent Signature _____ Trainer Signature _____

Please send Entries to: Grazing Fields Farm; 201 Bournedale Road; Buzzards Bay MA 02532

Fax 508-759-8653 Phone 508-759-3763

