

**4-H REGAL RIDERS
OPEN HORSE SHOW SUNDAY, JULY 25, 2010
WESTFORD 4-H FAIRGROUNDS
2010 ENTRY FORM**

Rider's Name: _____ Age as of January 1, 2010: _____

Division: _____ Horse's Name: _____

Rider's Address: _____ City _____ State _____

Riders Phone #: _____ Zip _____

Circle Classes Entered:

1 n/c 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

***Cost of pre-entering classes: \$7 per class.**

***Post entries (Day of Show): \$10 per class.**

You do not need to send money to be pre-entered. Please pay when you arrive the morning of the show (or leave a blank, signed check written out to: **4-H Regal Riders** with the show secretary if you plan on entering more classes during the day).

Total Number of Classes entered: _____

Administration Fee: _____ 1.00 _____

Total Cost of Entries: _____

Send pre-entries to: Erica Desfosses 200 Baxter Blvd Apt 3 Portland, ME 04101 (regalriders@yahoo.com)

Make checks payable to: **4-H Regal Riders**

Release and Hold Harmless Agreement:

As parent/guardian of this child, I give my permission for their participation in this 4-H event. I understand that persons participating in or attending this event do so at their own risk and hold harmless the Show Management, University of Massachusetts and 4-H staff, 4-H volunteers and Middlesex County 4H Fair Inc., I accept financial responsibility for any damage or accident to animals, persons or property caused by exhibitors or animals deemed my responsibility. I give my consent and accept financial responsibility for necessary examination and emergency medical treatment as prescribed by an attending physician. If I have delegated my child's care to another adult, all reasonable efforts will be made to contact me at the following location in an emergency:

WARNING:

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL, EVENT SPONSOR, OR FACILITY OWNER IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128, SECTION 2D OF THE GENERAL LAWS.

Participant's Name _____ Age _____ Show Date _____

Parent/Guardian Signature or Adult Participant Signature _____ Phone _____ Date _____

Family Physician _____ Phone _____ Date _____

Health Plan or HMO (number) _____ Notification Procedure _____ Phone _____