

**4-H REGAL RIDERS  
OPEN HORSE SHOW SATURDAY, JUNE 21, 2008  
WESTFORD 4-H FAIRGROUNDS  
2008 ENTRY FORM**

Rider's Name: \_\_\_\_\_ Age as of January 1, 2008: \_\_\_\_\_

Division: \_\_\_\_\_ Horse's Name: \_\_\_\_\_

Rider's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Riders Phone #: \_\_\_\_\_

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 52 53

**\*Cost of pre-entering classes: \$6 per class.**

**\*Post entries (Day of Show): \$8 per class.**

**\*Administration Fee: \$1.00 flat fee.**

**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: **Regal Riders 4-H Horse Club** with the show secretary if you plan on entering more classes during the day).

Total Number of Classes entered: \_\_\_\_\_

Total Cost of Entries: \_\_\_\_\_

Send pre-entries to: Judy Jumpp 26 Fairbanks Road Chelmsford, MA 01824 978-256-8278

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

**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 \_\_\_\_\_