

**2022 THURSDAY MORNING HORSE SHOW ENTRY**  
**BUCKS COUNTY HORSE PARK**

Back Number

<b>RIDER</b>	<b>BIRTHDATE</b>
<b>HORSE</b>	<b>HEIGHT</b>
<b>CLASS ENTRIES</b>	<b>Member #</b>

**ADDRESS**

**PHONE**

**EMAIL**

**RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION**  
 This document waives important legal rights. Read it carefully. I AGREE in consideration of my entry in the Park to the following: I AGREE that I choose to participate voluntarily in activities in the Park. I am fully aware and acknowledge that horse sports and activities in the Park involve inherent risks of accident, loss, and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering and death ("Harm"). I AGREE to release the Park from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Park. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from negligence of the Park. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Park and to hold them harmless with respect to claims made by others for any harm caused by me or my horse in the Park. I acknowledge that the Park encourages me to wear protective equipment while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior member, I consent to the child's participation in activities in the Park and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely use the Park and acknowledge that I am fully responsible for my own safety and the safety of my animals. I AGREE that "Park" as used above includes the Bucks County Horse Park, its trustees, officers, volunteers, employees, agents, the landlord of the Park's property, and the landowners who permit use of their property by the Park whether by easement or permission.

**Signature (Parent/Guardian if under 18)**

**OFFICE USE:**  
 Class Entries \$ \_\_\_\_\_ + \$5 EMT Fee = Total Due: \_\_\_\_\_

**PMT: Cash Check # \_\_\_\_\_ Credit Card Bucks Bucks**

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