

Well-A-Way Farm Horse Show 120 Terry's Plain Rd, Simsbury, CT 06070 One horse per entry form	Number assigned
Show Date: _____	Fax - (860) - 651-7286

NAME OF HORSE	SEX	HEIGHT	PONY	TRAINER OR BARN						
			S - M - L							
RIDER 1: ADDRESS: PH.	CHJA #	CLASS #								TOTAL
	CHSA #									
	NEHC #	ENTRY FEE								
RIDER 2: ADDRESS: PH.	CHJA #	CLASS #								TOTAL
	CHSA #									
	NEHC #	ENTRY FEE								

WELL-A-WAY FARM ENTRY AGREEMENT I have read the Rules and Regulations as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to the local rules of the competition; including, but not limited to: CHJA, NEHC, CHSA, M&S. I agree to waive the right to use the use of my photos at the competition.

WELL-A-WAY FARM RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE SIGNING

I AGREE in consideration for my participation in this Competition (Well-A-Way Farm) to the following:
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware of and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering, or death ("Harm")
 I AGREE to release Well-A-Way Farm, the Competition, the CHJA, NEHC, CHSA, M&S from all claims for money damages or otherwise for 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 of the Competition.
 I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) Well-A-Way Farm and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for and Harm caused by me or my horse at the Competition. I have read the rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that Well-A-Way Farm strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume the entire obligation of this Release on the child's behalf.
 I AGREE that "Well-A-Way Farm" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. Affiliated organizations to include, but not limited to, CHJA, NEHC, CHSA, M&S.
 I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to Well-A-Way Farm, I represent that I have the requisite training, coaching and abilities to safely compete in this competition. By SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank.

Entry fee Rider 1	
Entry fee Rider 2	
Warm-up	
Office Fee (inc. NEHC fee)	\$22
Misc.	
Post Entry Fee	
Total due	
Check #	

X _____ Rider Signature (parent/guardian if rider 18)	X _____ Trainer Signature	X _____ Owner Signature
Print Name: _____	Print Name: _____	Print Name: _____
Street: _____	Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____	City/State/Zip: _____
Telephone: _____	Telephone: _____	Telephone: _____
Emergency contact# _____ Parent/Guardian signature is mandatory for minor participants. All Lines must be signed by and adult		

