

Hope Springs Farm 2009 Fall Horse Show

October 25th

Rider Name: _____

Address: _____

Age: _____ Phone # _____

Class #'s: _____

Horse/Pony Name: _____

Owner: _____

Trainer: _____

NOTICE: You assume the risk of equine activities pursuant to Pennsylvania State Law. I am aware of and understand Pennsylvania law regarding voluntary assumption of the risk of equine activities. I understand that, being aware of the risks and exposure to personal injury involved through equestrian activities, I hereby release, indemnify and hold harmless Hope Springs Farm, LLC (the stables), its officers and shareholders, its management, employees, families and the Commonwealth of Pennsylvania, Bureau of State Parks from any and all claims, actions, suits, losses and / or damages which may occur to myself or my property in any connection with lessons, clinics, practices, trail rides, horse show, pony rides, pony parties, hay rides, Girl or Boy Scout groups, Brownie groups, summer camps, day camps, other activities or any work involving horses on Hope Springs Farm grounds within Marsh Creek State Park. I also agree to abide by all rules and regulations of Hope Springs Farm.

Signature of Parent/Guardian or Trainer: _____

Date: _____

Entry must be received no later than 9pm Thurs, Oct, 22nd to be considered pre-entered. Email to info@hopespringshorsefarm.com - Coggins can be scanned and emailed as well.



HSF USE ONLY:

Rider # _____

Paid Ck # _____

Amount: _____

