**Horse:**

Sex: Color: Height: Age:

**Owner Name/Address**:

Phone:

Signature:

**Trainer Name/Address:**

Phone:

Signature:

**Rider #1 Name/Address** (if different than owner)

Signature:

**Classes:**

**Rider #2 Name/Address** (if different than owner)

Signature:

**Classes:**

**Permission of Minor to Show:** I hearby consent to the entry of my child (name) (age) in this horse show, and herby accept responsibility there under participation of said minor.

Signature of Parent/Guardian:

Total Entry Fees ($10 a class): $

 Office Fee: $ $10.00

Non-Showing, schooling fee $20.00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Date of Payment ( / /13)

Method of Payment: Check # Cash \_\_\_.

Negative Coggins

Fees Must Accompany this form.

**Make Checks Payable to Stephens College.**

**Please mail all entries to:**

Stephens College Equestrian Center

Attn: Sara Linde

1200 E. Broadway Box 2071

Columbia, MO 65215

**Email entries to:**

Slinde@stephens.edu

PLEASE EMAIL/MAIL ENTRIES BY 11/3/14

**Signatures are Required on Front of this Entry**

 **Entries not Signed will NOT be accepted – Carefully read this agreement before signing**

You are assuming the risk of participating in this domestic animal activity. Inherent risk of domestic animal activities include, but shall not limit to: 1) the propensity on a domestic animal to behave in ways i.e. running, bucking, biting, that may result in an injury, harm or death to persons on or around them; 2) the unpredictability of a domestic animal’s reaction to such sounds, sudden movements, and unfamiliar objects, persons, or other animals; 3) certain hazards such as surface and surface conditions; 4) collisions with other domestic animals or objects; 5) the potential of a participant to act in a negligent manner that may contribute to the injury to the participant or other, such as failing to maintain control over the domestic animal or not acting within such participants ability.

Warning: Under Missouri Law, an equine professional is not liable for an injury or death to a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of MO RSMO 537.325

 I agree that I am participating voluntarily in the competition and I am aware that horse sports involve inherent risks of injury and agree to hold harmless, Stephens College, the Equestrian Program and its employees, the Prince of Wales Club and its members, Midway Exposition Center and its employees, and the Cancer Research Center.

Rider/Driver/Handler (Mandatory)

Signature: Signature: Signature: \_\_\_

Printed Name: \_\_\_ Printed Name: Printed Name: \_\_\_\_

Parent/Guardian Signature (required if rider/driver/handler is a minor)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Parent/Guardian Name:

**SIGNATURES ON THE FRONT OF THIS ENTRY INDICATE THAT EACH SIGNATORY**

**HAS READ AND UNDERSTANDS THE ABOVE**