

WESTON FALL HUNTER PACE EVENT
Sunday, September 18, 2016

Make check payable to: Weston-Wayland Open Spring Horse Show, Inc.
Mail Entries to: Linda Cabot, PO Box 633, Weston MA 02493

email: WestonShows@yahoo.com
Phone: 508-788-9181

Rider #1	Rider #2	Rider #3
Address	Address	Address
City/St/Zip	City/St/Zip	City/St/Zip
Age	Age	Age
Phone	Phone	Phone
Email	Email	Email

Entries must be made on an official show form or photocopy, and must be signed by an adult (parent or legal guardian). All pre-entries must be accompanied by payment, and **must be received** no later than Tuesday, September 13, 2016 in order to receive the pre-entry rate.

- Hunting Pace

Hilltop

Hacking Pace

Preferred Start Time: _____

Entry Fee: Pre-Entries = \$45.00 per rider
Post Entries = \$50.00 per rider

Entries close Tuesday, September 13th – Post entry fee will apply to all entries received after that date
Numbers **will not** be assigned without proper signatures

I make these entries at my own risk. I am aware of the inherent risks and dangers involved in horseback riding, including the possibility of a fatal or permanently (mentally or physically) disabling or crippling injury or dismemberment to myself, to others for whom I am responsible, or to my or our animals. I agree to make no claims against the Weston Fall Hunter Pace Event, Weston-Wayland Open Spring Horse Show, Inc., their sponsors, officials, benefactors, the Town of Weston, MA, and/or any landowners upon whose property I might ride against seeking liability and recovery for damages or injury caused to myself, my animals, or to my vehicles, equipment, or any persons and/or animals for whom I am responsible. I have carefully read this release and waiver of liability and realize that by signing it, I am giving up any right I may have to sue or otherwise recover for said damages or injuries. It clearly represents my intent by signing it, and is intended to and shall be binding upon my estate, heirs, agents, representatives, successors and/or assigns. If I am a minor, this release and waiver of liability shall be countersigned by my legal custodian, guardian, parent, or other person who is legally empowered to act on my behalf in these premises.

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE RELATED ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128, SECTION D OF THE GENERAL LAWS.

Signature (Rider #1 over 18 years, or parent of minor)

Date

Signature (Rider #2 over 18 years, or parent of minor)

Date

Signature (Rider #3 over 18 years, or parent of minor)

Date