

Entry # Assigned

# FAIRVIEW FARM

## Horse Show Entry Form

PLEASE FAX ENTRY FORMS TO 281-360-7420 BY NOON ON FRIDAY  
BEFORE THE SHOW

ONE RIDER PER FORM

IF RIDER IS EXHIBITING MORE THAN ONE HORSE, PLEASE USE A SEPARATE FORM

Rider Name \_\_\_\_\_

- Junior Age \_\_\_\_\_
- Adult Amateur
- Professional

SJHSA member? \_\_\_yes \_\_\_no (For a fee of \$15.00 per year riders (\$1.00 per horse) may become a member of SJHSA to receive points towards year end awards. Applications available)

**Coggins #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Lab:** \_\_\_\_\_

Entry #	Horse	Owner	Classes

*WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.*

This entry is an agreement that the person entered along with the owner, lessee, trainer, manager, coach, and horse: (1) that horse and rider are eligible as entered; (2) that the owner and any of his/her representatives will agree to the final decisions made by the management and hold the competition of SJHSA, Fairview Farm, Harry deLeyer, their officials, the management, employees, and agents harmless for any injury or loss suffered during or in connection with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, employees, agents, the management, SJHSA, Fairview Farm, or Harry deLeyer.

**PERMISSION FOR A MINOR TO SHOW MUST BE INDICATED AND SIGNED BY A PARENT, GUARDIAN, OR AUTHORIZED AGENT.**

**Numbers will not be issued until this form is signed and secured with payment or open check. Coggins information is required**

**To be completed by show secretary**

**Stable Name** \_\_\_\_\_

**Open check** \_\_\_\_\_

**# classes** \_\_\_\_\_ **@ \$15.00 =** \_\_\_\_\_

**Total due \$** \_\_\_\_\_

**Check #** \_\_\_\_\_

PERMISSION FOR MINOR TO SHOW: I hereby consent to the entry of minor \_\_\_\_\_ in this show and certify that I have read the above representation and statement that I agree and accept responsibility for the participation of the minor noted above.

**Signature of Parent / Guardian / Agent / Exhibitor :** \_\_\_\_\_  
(circle one)

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**Make checks payable to: Fairview Farm**