



Nick of Time Equine

Date of Coggins

Proof of Rabies

Total Paid \$
Check or Cash

ENTRY FORM

Horse Name: _____ Height: _____ Sex: _____ Age: _____ Color: _____

Rider Name: _____ Age: _____

Rider Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Trainer Name: _____

Trainer Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Classes Entered (Please Circle):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43

Number of classes: _____ x Pre Entry Fee \$7.50 = \$ _____

Number of classes: _____ x Entry Fee \$10.00 = \$ _____ Total: \$ _____

Entry Agreement, Release and Assumption of Risk

Proof of Coggins required. I agree that all entries are made at my own risk and further agree to indemnify and hold harmless Nick of Time Equine, Riverbank Farm and its agents, representatives and employees from any and all liabilities arising out of my participation as an exhibitor or the participation of any person riding, exhibiting or arising out of any vehicle or animal which I may send to this show. Upon entering the premises of Nick of Time Equine and Riverbank Farm, I assume all responsibility for any injury and/or damage done by any vehicle or animal which I may send to this show. My signature below indicates that I have read and understood, accept and freely sign this agreement which shall take effect as a sealed instrument.

Print Name

Signed (parent or legal guardian if under 18)

Trainer Signature

Date