

Fax 551-777-8980

SHOW DATE:

PALERMO SHOW STABLE HORSE SHOW

BACK #	NAME OF HORSE			SEX M G S	COLOR	AGE	HEIGHT	<input type="checkbox"/> CARD VERIFIED
Name of Rider #1		Age	Birthdate	Classes				
Name of Rider #2		Age	Birthdate	Classes				

Owner or Authorized Agent Tax ID# or SS# _____	<b>Rider #1</b>	<b>Trainer</b>
Owner Name _____	Rider Name _____	Trainer Name _____
Address _____	Address _____	Address _____
_____ Zip _____	_____ Zip _____	_____ Zip _____
Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____

**Rider #2** \_\_\_\_\_ **Address** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Release, Assumption of Risk, Waiver and Indemnification**  
 This document waives important legal rights. Read it carefully.  
 I AGREE in consideration for my participation in this Competition to the following:  
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer or as a parent or as a guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain and death ("harm")  
 I AGREE to release the Competition from all claims for money damages or otherwise for any "harm" to me or my horse and for any "harm" caused by me or my horse to others, even if "harm" resulted directly or indirectly, from the negligence of the Competition.  
 I AGREE to expressly assume all risks of "harm" to me or my horse, including "harm" resulting from negligence of the Competition.  
 I AGREE to indemnify (that is, to pay any losses, damages or costs incurred by) the Competition and to hold them harmless with respect to claims for "harm" to me or my horse, and for claims made by others for any "harm" caused by me or my horse.  
 I have read the Competition rules about protective equipment and I understand that I am required to wear protective USEF Approved protective headgear whenever mounted, and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.  
 If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.  
 I AGREE that Competition as used above includes their officials, officers, directors, employees, agents, personnel, volunteers, and affiliated organizations.  
 I AGREE that by providing my email, I allow Palermo Show Stable LLC to add me to their newsletter mailing list. I understand that Palermo does not sell or give out my email to any third party for any reason.  
 I AGREE that by entering the horse show, I allow Palermo Show Stable to use pictures of me, my family, horses, guests, etc. for advertising and PR purposes.  
 I REPRESENT that I have the requisite training, coaching and abilities to safely compete in this competition.  
**WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287 (C5-15-1 ET SEQ.)**

**Phone: 908-719-7500      Fax: 551-777-8980**

**Entry Fees:** \$ \_\_\_\_\_

**Special Classes @\$\_\_\_\_\_** \$ \_\_\_\_\_

**Late Fee:** \$ \_\_\_\_\_

**Office/EMT Fee:** \$ \_\_\_\_\_

**Stabling:** \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

**Make check payable to and send to:**  
 Palermo Show Stable, 1555 Burnt Mill Road, Bedminster, NJ 07921

**Alternate Payee Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Tax ID or SS#** \_\_\_\_\_

By signing below, I further AGREE to be bound by all terms and provisions of this entry blank.

Owner/Agent (mandatory) Signature _____	Trainer (mandatory) Signature _____	Rider/Handler (mandatory) Signature _____	Owner/Agent (mandatory) Signature _____
Print Name _____	Print Name _____	Print Name _____	Print Name _____

If Owner/Exhibitor is Trainer, sign in both places. Trainer must be over 18 years of age. If rider is under 18, parent or guardian, trainer or agent must sign.

