

Hear the Beat Horse Show Entry Form Dec. 9, 2017

ALL proceeds to benefit Hoofbeats Therapeutic Riding Center, Inc.

Coggins Checked _____ Check # _____ or Cash amt. _____ BACK NUMBER _____

PLEASE PRINT CLEARLY:

Rider's Name _____ Rider's Age _____
Street: _____
City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____
Horse's Name: _____ Horse's Breed: _____
Owner's Name: _____ Phone Number: _____
Emergency Contact: _____ Phone Number: _____

Please circle the class numbers you wish to enter:

Classes: BEGIN AT NOON /Anderson Coliseum

1. Santa's Little Helpers - Leadline
2. Sleigh Ride Together - Pairs Class
3. New Fallen Snow - Beginner Hunter W/T
4. New Fallen Snow - Beginner Hunter W/T/C
5. Hallelujah! - Green Horse W/T
6. Hallelujah! Hallelujah! Green Horse W/T/C
7. Gray Elves - Age 39 & up - GAYP E/W all gaits
8. Open Ugly Sweater Youth - GAYP
- 8A. Open Ugly Sweater ADULT - GAYP
9. Winter Wonderland Open Go As You Please
10. Over the Hills - Open Trails Class
11. Eggnog Class
12. Christmas Cactus Bloomer Class
13. Reindeer Games - Ride a Buck

15 minute break to "dress your horse"

19. Christmas Costume Class

Horses and riders dressed in holiday attire *judged on creativity.*



20. Hay Neighbor
*Warm up Class - join us on the
concourse for lunch*

Total # classes _____ x \$10.00 or \$8.00 = _____ + _____ = _____
Total Class Fees \$20.00 Stall Fee or \$15 Grounds Fee

\$8.00 classes for FULLY COMPLETED, entries postmarked 7 days prior to show date.
Please make checks payable to: Hoofbeats Therapeutic Riding Center, Inc. or Hoofbeats

Exhibitor Signature _____ Date: _____

Mail with Waiver to: Hear the Beat Horse Show, 604 E 13th St, Buena Vista, Virginia 24416
Phone: 540.292.0536 or e-mail: asset.media15@gmail.com

UNDER VIRGINIA LAW, ANY EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT
LABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM THE INHERENT
RISK OF ACTIVITIES. VA. CODE ANN. S-31-796.130(1994)

Equine activities include inherent risks of which you should be aware! They are as follows:

- (A) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- (B) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals;
- (C) Hazards, including, but not limited to, surface or subsurface conditions;
- (D) A collision with another equine, another animal, a person, or an object;
- (E) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an animal or failing to act within the ability of the participant

I AGREE that I choose to participate voluntarily in the Hear The Beat Horse Show, hereafter referred to as "Competition" and I have been made aware of these inherent risks. I am fully aware & acknowledge that horse sports & the Competition involve inherent dangerous risks of accident, loss & serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("HARM"). I further agree that "show management and/or their agents" shall not be responsible for any accident or injuries to the horses or persons involved!

I AGREE to release the Competition and the Virginia Horse Center and Hoofbeats Therapeutic Riding, Inc. 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 the 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 the negligence of the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred) 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 at the Competition.

I AGREE that "Competition" as used above includes all officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I REPRESENT that I am eligible to enter and/or participate under the rules and every horse I am entering is eligible as entered.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

Upon these conditions, I enter the horse listed on the face of this document.

Signature of Owner or Legal Agent responsible for entry/account _____

Date _____

Signature of Parent or Guardian for Youth Rider/Handler _____

Date _____

Signature of Trainer _____

_____ Date _____

Mail all entries to:
Debbie Work,
604 E 13th St.
Buena Vista, VA 24416