

2009 CHSA FINALS Horse Show
Sunday, August 23 and Monday, August 24, 2009
Entry Forms and Full Payment Due by Friday, August 14, 2009

Mail entries with check to:
 2009 CHSA Finals
 10 Potter Hill Drive
 Guilford, CT 06437
Questions? Call 203-453-0189



| NAME OF HORSE/PONY | CHSA# | | COLOR | SEX | HEIGHT | AGE | CIRCLE SIZE |
|--------------------|-------|-----|---|-----|--------|-----|-----------------|
| | | | | | | | Sm Med Lg Horse |
| RIDER | CHSA# | AGE | CLASS # (Pleasure \$60, Fences \$100, Schooling \$25) | | | | |
| | | | 17 - Lead Rein | | | | |

I have read the Connecticut Horse Shows Association ("CHSA") Entry Agreement as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to CHSA Rules, the Prize List and local rules of competition. I agree to waive the right to the use of my photos at the competition and agree that any actions against the CHSA must be brought in Connecticut State.

CHSA Release, Assumption of Risk, Waiver, and Indemnification.

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in the CHSA Finals and the Westbrook Hunt Club ("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 parent or 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, suffering, or death ("Harm").

I AGREE to release CHSA and 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 the Harm resulted, directly or indirectly, from the negligence of the Federation or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of CHSA or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) CHSA and 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 have read the CHSA Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the CHSA 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 assume all of the obligations of this Release on the child's behalf.

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

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to CHSA on the official CHSA accident/injury report form. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable CHSA Rules and all terms and provisions of this entry blank and the Prize List.

| OWNER/AGENT | RIDER If Minor Parent/Guardian Signature | TRAINER | TOTAL CLASS FEES | 50.00 |
|------------------|---|---------|--|----------|
| Signature: _____ | _____ | _____ | Office Fee | \$ 00.00 |
| Name: _____ | _____ | _____ | TOTAL AMOUNT DUE | \$50.00 |
| Address: _____ | _____ | _____ | Rider Pant Size (Youth S, M, L Adult: S, M, L, XL, XXL) | |
| _____ | _____ | _____ | Make Check Payable to CHSA | |
| Phone: _____ | _____ | _____ | Emergency Contact Phone Number: | |
| Email: _____ | _____ | _____ | _____ | |
| USEF# _____ | _____ | _____ | | |