

Entry # _____ Rider _____ Horse _____

Address _____ Coggins Date Bled _____

E-mail _____ Horse Trainer/ Barn _____

CLASSES **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**

Warning! Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. *Chapter 99E of the North Carolina Statutes*. Knowing the inherent risk, dangers, and rigors involved in horseback riding, I assume responsibility for myself/my child for bodily injury, death, or loss of personal property and all expenses thereof, which may occur as a result of my/my child's participation at Boothill Farm or property of Carol and Alfred Zachary or employees of Boothill Farm.

Signature of participant or parent/guardian if participant is under 18 _____ Date _____

SHOW _____ ML N R PAID _____ CHECK _____ CASH _____
R2/2005

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