

DEPARTMENT NO. 10 - HORSE
OPEN YOUTH GAME HORSE SHOW ****ENTRY BLANK****
SATURDAY, AUGUST 17, 2019 at 10:30 A.M.
Sponsored by Berkshire County 4-H

Pre-entry deadline is August 9, 2019.

Checks should be made out to: **Berkshire County 4-H Fair Association**

Pre-entry Class Fees:	All exhibitors	\$4.00 /class or \$30 flat fee
Post-entry Class Fees:	All exhibitors	\$5.00 /class or \$35 flat fee

CLASSES (circle ALL choices)

1 2 3 4 5 6 7 8 9 10 11 12 13 14

TOTAL = \$ _____

Name of Exhibitor _____ Name of Club _____

Mailing Address of Exhibitor _____

Telephone # _____ Date of Birth ____ / ____ / ____ Age (as of 01/01/19)

E-mail Address: _____ Parent/Guardians cell/phone _____

Name of Horse _____ Horse Owner _____

Please mail completed form to:

Mary Brazie
172 Egremont Plain Road
Egremont MA 01230

Office Use Exhibitor # _____

BOTH FORMS MUST BE READ AND SIGNED BEFORE ENTRY WILL BE ACCEPTED.

HAVE YOU...

Completed the entire form, circling classes and entering all information?

*Signed the release form of the reverse side of this form?

Enclosed your signed check for the full amount due for classes?

Enclosed a copy of Coggins (out of state include health papers)?



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RELEASE AND ASSUMPTION OF LIABILITY

It is agreed that the sponsors of this Horse Show/Gymkhana (sponsors are listed below) are conducting this Horse Show on a not-for-profit basis. Therefore, it is agreed that the sponsors cannot assume any responsibility for injury or damages in connection with this Horse Show/Gymkhana and that the exhibitor and horse owner must assume any and all such responsibility.

Also it is agreed that the sponsors are released from, and each exhibitor and horse owner is agreed to be responsible for, any accident that may occur to, be caused by any horse or pony exhibited at the Horse Show or for any article of any kind or nature that may be lost or destroyed or in any way damaged.

It is agreed that the sponsors are released from, and each exhibitor and horse owner is agreed to be responsible for any injury that may be occasioned to any person or animal or damage to any property while on the grounds by any horse owned, exhibited or in his custody or control. In addition, each exhibitor and horse owner shall indemnify and hold harmless the sponsors, their officials, employees, agents, volunteers, owners and directors, individually and collectively, from and against all claims, demands, causes of action, costs, charges, and expenses, including legal expenses, of every kind and nature whatsoever arising out of or which may be incurred by reason of any accident, injury or damage to person or party caused by the ownership, exhibition, custody or control of any animal exhibited or in any way whatsoever resulting from activities at the Horse Show.

WARNING: Under Massachusetts law, an equine professional is not liable for an injury to or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the General Laws.

SPONSORS: Berkshire County 4-H Fair Association, Berkshire County 4-H Fair Incorporated, Berkshire County 4-H Horse Council, Sheffield Whinnies 4-H Club, all others who have contributed to or supported the conducting of this Horse Show/Gymkhana.

The undersigned have read, understood, and agreed to this Release and Assumption of Liability. Date: August 17, 2019

Exhibitor Signature

Parent/Guardian Signature

Owner Signature

I verify that my child (print name) _____ is wearing an ASTM/SEI approved EQUESTRIAN hard hat and hard sole boots with heel as required in the rules of this event. I accept full and sole responsibility for the correct fit of headgear, and any injury, damage or death caused or contributed to by any defect in fit or condition of headgear.

Signature of Parent/Guardian

Date

Participant's Name: _____

Age: _____

As parent/guardian of this child, I give my permission for their participation in this 4-H event. I understand that the persons participating in or attending this event do so at their own risk and hold harmless the Show Management, University of Massachusetts and 4-H staff & 4-H volunteers. I accept financial responsibility for any damage or accident to animals, persons or property caused by exhibitors or animals deemed my responsibility. I give my consent and accept financial responsibility for necessary examination and emergency medical treatment as prescribed by an attending physician. If I have delegated my child's care to another adult, all reasonable efforts will be made to contact me at the following location in an emergency:

Emergency Contact Information

Parent/Guardian Signature or Adult Participant Signature

Phone

Date

Family Physician

Phone

Date

Health Plan or HMO number

Notification Procedure

Phone

Entry #