



Horse Show Entry Form

Heaven's Gate Farm, LLC
 Office (215) 343-0213 · Barn (215) 766-0133
 5590 Bradshaw Road, Pipersville PA 18947
 www.heavensgatefarmpa.com

Show Date	Name of Rider	Junior Adult	Phone /Email	Address	#
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Name of Horse	Name of Owner	Address	Horse S/M Large	Pony Trainer/Barn
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Division Name	Class #	Class #	Class #	Class #	Class #	Class #
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Division Name	Class #	Class #	Class #	Class #	Class #	Class #
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Entry Fee	\$ _____
Training Fee	\$ _____
Horse Rental	\$ _____
EMT Fee	\$ <u>5.00</u>
Total Fees	\$ _____

I hereby authorize Heaven's Gate Farm to charge the credit card listed above. I understand that payment for the amount charged is solely the responsibility of the person or company whose name is on the card. I certify that I am authorized to use this card for Heaven's Gate Farm Services.

Release: I understand that horse sports may be hazardous and dangerous. I assume any and all risk of loss or injury to myself, my animals and equipment, other animals or persons, and agree to release from liability and to hold harmless Heaven's Gate Farm LLC, all horse show personnel, and volunteers.

WARNING: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

Inherent risks of equine activities includes:

- 1)The propensity of an equine to behave in a manner which may cause injury, harm or death to a person on or near it.
- 2)The unpredictability of an equine's reaction to sounds, sudden movements, unfamiliar objects, individuals or other animals.
- 3)An equine's reaction to certain natural hazards, such as surface and subsurface ground conditions.
- 4)A collision with other equines or objects.
- 5)An equine's response to the participant's manner of handling or controlling it or inability to handle or control it.

Signature of Competitor: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
(Required if Rider is a Minor)

<u>Billing Information</u>	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check # _____
<input type="checkbox"/>	Credit Card

EMERGENCY CONTACT INFORMATION: Name: _____ **Phone # :** _____