GLENARDEN FARMS ENTRY FORM

Name : _____ Horse Name: _____

Address: _____

Email: _____

Telephone: _____

Date: _____

Class #	Division/ Class Description	$ Amount

Administration/Medic $20.00

Total $ _____

Agreement for Release and Waiver of Liability: I hereby certify that I have third party liability insurance. I have read, understood and agree to abide by the Glenarden Farms General Rules and Regulations. I agree and understand that ALL riders, both Juniors and Senior are required to wear ASTM/SCI approved helmets. I agree and understand that riding and handling horses is inherently dangerous. Glenarden Farms makes every effort to provide a safe environment and I agree to hold Glenarden Farms, owners, staff, and officials harmless in the unlikely event of an accident or injury to horse, rider, or handler. The person signing this entry form is the person responsible for the horse at this activity and must be 19 years of age or older.

Signature: _____

Relationship to rider: _____

Date: _____