

MBRA JACKPOT ENTRY FORM 2010

Bridgewater, NS June 19-20, 2010

**Forward To: Heather Strickland, 116 Henley Road, Chelsea, NS B4V 7N3
Phone 902-685-2014, Fax 902-634-3203 or email heather.strickland@ns.sympatico.ca**

NAME: _____ **PHONE #** _____

ADDRESS: _____

HORSE NAME: _____ **MBRA #** _____

Insurance Policy Info _____ **or NSEF #** _____

**PROOF OF AT LEAST 1 MILLION DOLLARS LIABILITY INSURANCE REQUIRED. A
WAIVER MUST BE SIGNED AT THE SHOW.**

	<u>Saturday</u>		<u>Sunday</u>	
Smallfry	() Barrels		() Barrels	
	() Poles		() Poles	
	() Dash		() Dash	
Pony	() Barrels		() Barrels	
	() Poles		() Poles	
	() Dash		() Dash	
Head Fee Smallfry/Pony		\$10.00		\$10.00
Exhibition Barrels \$5.00 per run	() Barrels	\$ _____	() Barrels	\$ _____
Junior Horse Barrels \$10.00 per class	() Barrels	\$ _____	() Barrels	\$ _____
Youth Division \$5.00 per class	() Barrels	\$ _____	() Barrels	\$ _____
	() Poles	\$ _____	() Poles	\$ _____
	() Dash	\$ _____	() Dash	\$ _____
Novice Division \$10.00 per class	() Barrels	\$ _____	() Barrels	\$ _____
	() Poles	\$ _____	() Poles	\$ _____
Open Division \$20.00 per class	() Barrels	\$ _____	() Barrels	\$ _____
	() Poles	\$ _____	() Poles	\$ _____
	() Dash	\$ _____	() Dash	\$ _____
3-D Barrels \$15.00 Saturday Only		\$ _____		
Head Fee		\$ 30.00		
Drug Testing Fee		\$ 5.00		
Temporary MBRA Membership (\$10.00)		\$ _____		
Trailer Hookup \$10.00/night		\$ _____		
Total Saturday		\$ _____	Total Sunday	\$ _____

Please pre enter the show one week before the show date. Those who have booked stalls MUST pre enter in order to confirm their stall reservation. Stalls will not be held for those who do not pre enter by June 11, 2010. There is no penalty for canceling and entry fees will be collected at the show. Please remember, cash only at the show.

Start Time Saturday at 11:30 am, Sunday 9:30 am

**EQUESTRIAN ACTIVITIES
WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the _____
_____ equestrian program, related events and
(Name of Organization)
activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS _____, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE

X _____ Date Signed: _____
WITNESS

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____
PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

X _____
WITNESS

PRINT NAME