

# Canter Brook Equestrian Center Cross Country Show Entry Form

Horse's Name: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent / emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Unjudged 2' – 2'7" warm-up starts at 8:00 a.m.**

\_\_\_\_\_ **Warm- Up - \$15.00** \$ \_\_\_\_\_

**JUMPER CLASSES: PLEASE SELECT CLASSES BELOW  
Starts at 9:30 a.m.**

1st Class = \$35.00 / Additional Classes or Rounds = \$10.00

CLASS	JUMP HEIGHT	ROUNDS	\$
_____ 1. Children's Ground Pole	n/a	_____	\$ _____
_____ 2. Crossrails	18"	_____	\$ _____
_____ 3. Cross Country	2'0"	_____	\$ _____
_____ 4. Cross Country	2'3"	_____	\$ _____
_____ 5. Cross Country	2'7"	_____	\$ _____

**LUNCH FROM 11:30 – 12:15 P.M.  
Starts at 12:15 p.m.**

_____ 6. Cross Country	3'0"	_____	\$ _____
_____ 7. Cross Country	3'3"	_____	\$ _____
_____ 8. Cross Country	3'6"	_____	\$ _____

**TOTAL:** \$ \_\_\_\_\_

**CHAMPION & RESERVE CHAMPION RIBBONS WILL BE AWARDED BASED ON POINT SYSTEM**

1 <sup>st</sup> Place – 10 pts	4 <sup>th</sup> Place – 4 pts
2 <sup>nd</sup> Place – 7 pts	5 <sup>th</sup> Place – 3 pts
3 <sup>rd</sup> Place – 5 pts	6 <sup>th</sup> Place – 2 pts

Make check payable to "Canter Brook Equestrian Center" and mail with Entry Form, copy of Negative  
Coggins Test within 12 months of competition date & signed page 2 liability release to:  
**Canter Brook Equestrian Center, 354 Highland Street, Hamilton, MA 01982**

# *Canter Brook Equestrian Center*

## Liability Release Agreement

I, \_\_\_\_\_

NAME

of \_\_\_\_\_

ADDRESS

hereby release Canter Brook Equestrian Center and Canter Brook Equestrian Center, LLC their heirs and assigns, from any and all liability resulting from any accident, bodily injury, or death to me or my family members or horses while stabling or riding horses on the property known as 354 Highland Street, Hamilton, MA 01982.

I understand that all activities involved with the caring for and riding of horses shall be at my own risk and that I shall obtain adequate medical, accident and disability insurance to protect myself from financial or personal loss that may occur while on the property at 354 Highland Street, Hamilton, MA. I acknowledge that I have been informed by the horse owners and the property owners that riding and working around horses can be dangerous and that bodily injury and even death may occur. I hereby certify that I am in good health and in good physical condition. I agree to participate in any activities on said property and with said horses at my own risk. I also have been advised to use ASTM-SEI approved headgear while riding and working around the horses on said property.

In the event that it becomes necessary for the property owners to engage an attorney to enforce or defect this agreement, it is agreed that all costs including legal fees will be paid the by the undersigned (or parent/guarding if under 18 years of age).

### **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 risk of equine activities, pursuant to Section 2D of Chapter 128 of the General Laws.

Witness our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Rider/Horse owner/Lessee

\_\_\_\_\_  
Parent/Guardian if rider is under 18 years of age