

RIDER 3 NAME			PHONE
ADDRESS			E-MAIL
CITY	STATE	ZIP	<input type="checkbox"/> JR Age_____ <input type="checkbox"/> ADULT AM. <input type="checkbox"/> PRO
HORSE INFORMATION			NEGATIVE COGGINS: <input type="checkbox"/> ENCLOSED <input type="checkbox"/> ON FILE
NAME	SEX	AGE	BREED COLOR
OWNER NAME:			PHONE:
ADDRESS	CITY	STATE	ZIP
STABLING INFO			
<input type="checkbox"/> This horse is entered in the Summer Hunter/Jumper Show and has registered for block stabling.			
<input type="checkbox"/> This horse is NOT entered in the Summer Hunter/Jumper Show and wishes to stable by the night. ENTER INFORMATION BELOW.			
ARRIVAL DATE AND TIME			DEPARTURE DAY AND TIME
STABLE WITH			LOCATION REQUEST

RIDER 4 NAME			PHONE
ADDRESS			E-MAIL
CITY	STATE	ZIP	<input type="checkbox"/> JR Age_____ <input type="checkbox"/> ADULT AM. <input type="checkbox"/> PRO
HORSE INFORMATION			NEGATIVE COGGINS: <input type="checkbox"/> ENCLOSED <input type="checkbox"/> ON FILE
NAME	SEX	AGE	BREED COLOR
OWNER NAME:			PHONE:
ADDRESS	CITY	STATE	ZIP
STABLING INFO			
<input type="checkbox"/> This horse is entered in the Summer Hunter/Jumper Show and has registered for block stabling.			
<input type="checkbox"/> This horse is NOT entered in the Summer Hunter/Jumper Show and wishes to stable by the night. ENTER INFORMATION BELOW.			
ARRIVAL DATE AND TIME			DEPARTURE DAY AND TIME
STABLE WITH			LOCATION REQUEST

Fees	Total
\$1000 3'6" Team Jumper Challenge: \$160 for TEAM Entry	_____
\$1000 3' Team Jumper Challenge: \$160 for TEAM Entry	_____
\$500 2'6" Team Jumper Challenge: \$140 TEAM Entry	_____
Stabling: GMHA member \$25/night	_____
Stabling: Non-member \$38/night	_____
Bagged Shavings: \$10/bag	_____
Hay: \$10/bale	_____
Extra Lobster Bake Tickets: \$30	_____
Total enclosed	_____

PAYMENT INFORMATION		
<input type="checkbox"/> Check enclosed <input type="checkbox"/> Cash <input type="checkbox"/> Please bill my credit card (MC/Visa only)		
Credit card #:	Expiration:	Signature:

INDIVIDUAL AGREEMENT AND WAIVER OF LIABILITY

WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. section 1039.

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any injury occurs to my horse or myself or to any equipment that I may use or send to use, I will make no claim against the Green Mountain Horse Association, Inc. or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold the Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and Landowners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits, and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horses or attendants.

<i>SIGNATURE OF RIDER 1</i>		<i>DATE</i>
<i>SIGNATURE OF PARENT/GUARDIAN (IF RIDER IS UNDER 18)</i>		<i>DATE</i>
<i>SIGNATURE OF HORSE OWNER</i>		<i>DATE</i>

<i>SIGNATURE OF RIDER 2</i>		<i>DATE</i>
<i>SIGNATURE OF PARENT/GUARDIAN (IF RIDER IS UNDER 18)</i>		<i>DATE</i>
<i>SIGNATURE OF HORSE OWNER</i>		<i>DATE</i>

<i>SIGNATURE OF RIDER 3</i>		<i>DATE</i>
<i>SIGNATURE OF PARENT/GUARDIAN (IF RIDER IS UNDER 18)</i>		<i>DATE</i>
<i>SIGNATURE OF HORSE OWNER</i>		<i>DATE</i>

<i>SIGNATURE OF RIDER 4</i>		<i>DATE</i>
<i>SIGNATURE OF PARENT/GUARDIAN (IF RIDER IS UNDER 18)</i>		<i>DATE</i>
<i>SIGNATURE OF HORSE OWNER</i>		<i>DATE</i>

Please send your completed entry to GMHA Team Jumper Challenge:

PO Box 8
South Woodstock, VT 05071

Phone (802) 457-1509
Fax (802) 457-4471

E-mail: kmanner@gmhainc.org
www.gmhainc.org