

Riverfield Equestrian, LLC *Spring Fever* Combined Test & Dressage Shows

OFFICIAL COMPETITION ENTRY FORM

One Entry per Rider

Date of Show: May 8, 2010 (Rain Date, May 9) Campbell Springs Farm

Closing Dates: The Monday before the show

Dressage Judges: Helen George

Rider's name _____ Phone _____ / _____ - _____
 Address _____ State _____ ZIP _____
 Email address _____
 Owner's name _____ Phone _____ / _____ - _____
 Owner's Address _____ state _____ ZIP _____

Combined Test: Entry fee \$50

Rider: _____ Horse: _____ Test _____ \$ _____
 Rider: _____ Horse: _____ Test _____ \$ _____
 Rider: _____ Horse: _____ Test _____ \$ _____

Dressage Competition: Entry Fee: \$25

Rider: _____ Horse: _____ Division _____ \$ _____
 Rider: _____ Horse: _____ Division _____ \$ _____
 Rider: _____ Horse: _____ Division _____ \$ _____

Stadium Jumping Rounds (not judged): \$15, Maximum of Two Jumping Rounds per Division.

Rider: _____ Horse: _____ Division _____ \$ _____
 Rider: _____ Horse: _____ Division _____ \$ _____
 Rider: _____ Horse: _____ Division _____ \$ _____
 Rider: _____ Horse: _____ Division _____ \$ _____

Stabling: \$30 x # of Horses _____ \$ _____

Office Fee: \$10.00 per horse & rider combination \$10 x # of Horses _____ \$ _____

TOTAL: \$ _____

Acknowledgement: I, _____ (rider), understand that I am required to execute a **LIABILITY RELEASE AND WAIVER** in order to be permitted to participate in this event and to ride on Campbell Springs Farm or The Meadow Event Park premises. This entry constitutes an agreement that the party making it and each of the riders, owners, trainers or agents connected hereto shall accept and abide by the rules of the competition, that each rider is eligible as entered, that they will accept as final any ruling of the competition management with respect to their conduct, and that each entry agrees to defend and hold Riverfield Equestrian, LLC, Campbell Springs Farm, its competition management, agents, students, and employees harmless for any illness, loss or accident which may occur, whether or not such injury or loss resulted directly from the negligent acts or omissions of said competition management, agents, students or employees. This entry further acknowledges that equestrian sports are high-risk activities and that the rider, owners, trainers, and/or agents willingly and knowingly assume any associated risk.

Signatures:

Rider _____ Age _____

Owner _____

Parent or Guardian (if under 18) _____

MAIL ENTRIES & CHECK (payable to Riverfield Equestrian, LLC) TO:

**Riverfield Equestrian, LLC
 17610 River Road
 Chesterfield, VA 23838**