

Twin Brooks Horse Show Association

Entry Form

Office Use Only	
Show:	_____
Competition Number:	_____
Approved By:	_____

Rider's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Twin Brooks Member: Yes No Joining Today

(Points for year-end awards will accumulate from the date your dues are paid)

Thoroughbred Division TIP Information (If TIP eligible)

TIP Horse Name _____ TIP Horse Number _____

I'm interested in being a

Colonial Classic Qualifier _____

Trainer: _____ Horse's Height (if showing as pony) _____

Horse's Name: _____ Horse's Age _____

Class Number	Class Description	Fee
	Grounds Fee (All Exhibitors)	\$10.00
	Office Fee (Non-TBHSA Members Only)	\$10.00

Checks returned for insufficient funds will be subject to a \$30.00 service charge in addition to any bank fees incurred.

Y N Coggins Verified

Total Due:

Y N Waiver Signed

Amt. Paid/Cash

Amt. Paid/Check #

Total Paid:

Attention: In accordance with PA Act #93 of 2005, you assume the risk of Equine Activities pursuant to Pennsylvania Law.

Twin Brooks Horse Show Association Liability
Disclaimer for the Calendar Year 20 ____

Rider's Name: _____

Date of Birth: _____

TO BE SIGNED BY EVERY TBHSA MEMBER, PARTICIPANT, AND/OR ANY PERSON WHO RIDES A HORSE OR DRIVES A CARRIAGE AT ANY TIME. FOR TBHSA MEMBERS, THE TERMS AND CONDITIONS HEREIN APPLY TO EVERY EVENT DURING THE MEMBERSHIP PERIOD.

I understand that neither the Twin Brooks Horse Show Association, Inc. ("TBHSA"), its officers, directors, officials, organizers, members, volunteers, trainers, helpers, employees, servants, workers and/or agents, nor the property owners, accept any responsibility for accidents, damage, injury or illness to me, or any other persons or property in connection with any event, competition, show, schooling show, pleasure drive, clinic, horse riding activity, carriage riding activity, trail rides, schooling horses on the TBHSA grounds during non-organized events, or any other participation in any event and/or activity by me while on TBHSA premises or any premises used by TBHSA, or on the premises of a TBHSA member holding a TBHSA event.

I hereby expressly agree for myself and my principals, representatives, employees, and agents that horse sports, including spectators, drivers and/or riders, involves inherent dangerous risk of serious injury or death and by participating, I do so voluntarily and expressly assume any and all risks of injury or loss, and I agree to indemnify and hold TBHSA, its officers, directors, members, volunteers, employees, and agents, completely harmless from and against all claims including any injury or loss suffered during, or in conjunction with any activity on these premises, any premises used by TBHSA or any member's premises for a TBHSA event, whether or not such claim, injury or loss resulted, either directly or indirectly from the negligent acts or omissions of TBHSA, its officers, directors, members, volunteers, trainers, helpers, employees, agents, officials, and/or organizing committee.

I knowingly and voluntarily assume the inherent risk of injury or death as a result of participating in equine activities. I am aware of Act 93 of 2005, the Equine Activity Immunity Act which provides, "You assume the risk of equine activities pursuant of Pennsylvania law."

I agree to allow TBHSA to use any photograph or other images of me and/or my horse on any official publicity, advertisement or fund raising activity for the benefit of TBHSA and its members.

I, the undersigned, have read this Liability Disclaimer and hereby acknowledge that I understand and agree to its terms and conditions as expressed herein, and will abide by such terms as set forth above.

Signature: _____

Date: _____

(Parent or Guardian if Rider under the age of 18)

Attention: In accordance with PA Act #93 of 2005, you assume the risk of Equine Activities pursuant to Pennsylvania Law.