

WESTON-WAYLAND OPEN SPRING HORSE SHOW  
Saturday, May 7, 2011

Last Name/Stable: \_\_\_\_\_

Make check payable to: Weston-Wayland Open Spring Horse Show, Inc.  
Mail Entries to: Lisa DiMaggio, 162 Plain Road, Wayland, MA 01778

email: WestonShows@yahoo.com  
Phone: Linda Cabot - 508-788-9181

**ONLY ONE HORSE/RIDER COMBINATION PER ENTRY FORM** (If you need more, please photocopy)

		CLASS				FEE
HORSE	NO:					
RIDER						
STREET	AGE					
CITY/ST/ZIP						
PHONE	EMAIL:					
OFFICE USE: COGGINS _____ SIGNATURES _____ ENTRY FEES _____		TOTAL FEES				

Entries must be made on an official show form or photocopy, and must be signed by an adult (parent or legal guardian). To be considered a pre-entry with no post-entry penalty, the form and **FEES** to cover those entries **MUST BE RECEIVED** NO LATER THAN WEDNESDAY, MAY 4, 2011. **Refund of entry fees available only with veterinary and/or physician's certificate which has been received prior to the start of classes on the day of the show (this includes scratches the day of the show).**

**ENTRIES CLOSE WEDNESDAY, MAY 4, 2011. ANY ENTRY RECEIVED AFTER THAT DATE WILL BE CONSIDERED A POST ENTRY AND SUBJECT TO POST-ENTRY PENALITES. POST ENTRY FEE WILL BE WAIVED IF AT LEAST FOUR CLASSES HAVE BEEN PRE-ENTERED.**

Entry Fees: Pre-entered class = \$10.00 Post-entered class = \$12.00
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*Proof of negative Coggins within one year must be shown  
Numbers will not be assigned without proper signatures*

I make these entries at my own risk and subject to the rules and regulations of the Show and the US Equestrian Federation, and agree to be bound hereby. I am aware of the inherent risks and dangers involved in horseback riding, including the possibility of a fatal or permanently (mentally or physically) disabling or crippling injury or dismemberment to myself, to others for whom I am responsible, or to my or our animals. I agree to make no claims against the Weston-Wayland Open Spring Horse Show, Inc., their sponsors, officials, benefactors, and/or the Town of Weston, MA against seeking liability and recovery for damages or injury caused to myself, my animals, or to my vehicles, equipment, or any persons and/or animals for whom I am responsible. I have carefully read this release and waiver of liability and realize that by signing it, I am giving up any right I may have to sue or otherwise recover for said damages or injuries. It clearly represents my intent by signing it, and is intended to and shall be binding upon my estate, heirs, agents, representatives, successors and/or assigns. If I am a minor, this release and waiver of liability shall be countersigned by my legal custodian, guardian, parent, or other person who is legally empowered to act on my behalf in these premises.

**UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE RELATED ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128, SECTION D OF THE GENERAL LAWS.**

\_\_\_\_\_  
**Signature** (Rider over 18 years, or parent of minor)

\_\_\_\_\_  
Date