GOOD TIMES FARM ENTRY FORM

For Dressage Schooling Shows
Only ONE horse per form. Please print clearly.
Mail to: Good Times Farm
278 Jackson Mills Road
Freehold, NJ 07728

Show Date: _____ Cell Phone: _____

Rider: _____ Jr/Sr _____

Address: _____

_____

Email: _____
(please write legibly - ride times will be emailed)

Horse's Name	Breed	Sex

If riding more than one horse, please state name of horse and class/level of other horse(s):

_____

Class #	Class, Division and/or Level (For class #'s 1,2,3,&4 – designate if starter rider, starter horse, or open)	Fee

I agree for my participation in this competition or clinic sanctioned by ESDCTA, ECRDA and ECSJ and held at ***Good Times Farm*** to the following:
I am fully aware and acknowledge that horse sports and the competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, and suffering or death (Harm.) I hereby agree to release, indemnify and hold harmless ESDCTA, ECRDA, ECSJ and ***Good Times Farm***, its clinicians, officers, show managers, agents, officials and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition, clinic or related activities. I also agree to release the show management, show committee and members, officers, agents, officials and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this competition, clinic or related activities. If I am a parent of Guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions and agree to assume all the obligations of this release on the child's behalf.
By signing below, I agree to be bound by all applicable rules and all terms and provision of this entry. Management reserves the right to combine, divide or cancel any class. I also understand the show is conducted by USEF / USDF rules.

Rider's Signature _____
(Note: Parent/Guardian must sign is competitor is under 18)

Owner's Signature: _____

FEES ENCLOSED:

Entry(s) $30 per class $ _____

Office Fee $ 5.00

Late Fee (if applicable) $ _____

Total Enclosed: $ _____

ENTRIES WILL ONLY BE ACCEPTED IF COMPLETE WITH SIGNATURE, FULL PAYMENT OF ALL FEES, AND PROOF OF NEGATIVE COGGINS