Pre-entry: $10.00

Post-entry: $12.00

Classic/Stake: $15.00

MARLBOROUGH EQUESTRIAN CENTER HORSE SHOW

ONLY ONE HORSE PER ENTRY PLEASE***PROOF OF NEGATIVE COGGINS REQUIRED

#

SHOW DATE THIS ENTRY:

NAME OF RIDER	
RIDER'S AGE AS OF 12/1/04 (ADULT RIDERS = A)	
NAME OF HORSE	

WARNING: Under Mass. Law, an equine professional is not liable for an injury to or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 28 of the General Laws.

This entry shall constitute an agreement and affirmation that all participants (which include without limitation, the owner, leaser, trainer, manager, agent, coach, rider, handler, driver and horse), for themselves, their principals, representatives, employees and agents: (1) shall be subject to the rules of the horse show management; (2) agree that as a condition of entry, they agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death, and by participating they expressly assume any and all risk of injury or loss, and they agree to indemnify and hold the Marlborough Equestrian Center II, Inc. as well as the competition and their officials, directors, employees, owners, land owners and agents harmless from and against all claims including any injury or loss suffered during competition, whether or not such claim, injury or loss resulted directly or indirectly from negligent acts or omissions of said officials, directors, employees, owners or agents of said competition. Required signatures indicate that each person has read , understands and agrees with the above agreement.

MAKE CHECKS PAYABLE TO: Marlborough Equestrian Center

Send entries to: MEC 191 Mill Street South, Marlborough, MA 01752

CLASSES ENTERED

Number	Class	Fee

X	X	X	Entry Fees	
Rider's Signature (Parent/Guardian if under 18)	Trainer's Signature	Owner's Signature (Parent/Guardian if under 18)	Warm-ups	
Print Name:	Print Name:	Print Name:	Ins../ #	$3.00
Street::	Street::	Street::	Total Due	
City/St/Zip:	City/St/Zip:	City/St/Zip:	Purses —	
Phone:	Phone:	Phone:	Balance	
Barn Name:	Barn Name:	Barn Name:	Cash	
			Ck Amt / #	