

SECRETARY'S USE ONLY	
Payment	1 2 3 4
Coggins	1 2 3 4
Signed	1 2 3 4

ENTRY FORM
LOCUST HILL
FALL HUNTER PACE
at Carlette Farm
Sunday November 3, 2024

SECRETARY'S USE ONLY
Start Time:
Pinny #:

I enclose a total of \$_____ (\$90 per rider paid by 10/21, \$100 paid by 10/28, \$110 by 11/1) for the entry below.

Each Rider must sign Release & Waiver of Liability form!

(PARENT OR GUARDIAN MUST SIGN IF COMPETITOR IS UNDER 18.)

Please print E-mail address legibly!

Rider 1 _____
Address _____

Phone _____
E-mail _____

Rider 2 _____
Address _____

Phone _____
E-mail _____

Rider 3 _____
Address _____

Phone _____
E-mail _____

Rider 4 _____
Address _____

Phone _____
E-mail _____

Please indicate number of each lunch choice. Complementary meal for paid rider. Non-rider Lunch \$20
 Tuna Sandwich Box _____ Turkey sandwich Box _____ Veggie/ Humus Box _____
 Each lunch will include chips, cookie and a bottle of water.

Please Circle Preferred Start Time Range: Prior to 9:00 · 9:00 · 9:30 · 10:00 · 10:30 · 11:00 · 11:30
 (Note end of Daylight Savings Nov. 3rd - turn clocks back 1 hour!)

COMPLETED ENTRIES INCLUDE: · PAYMENT · COGGINS FOR EACH HORSE · SIGNATURE FOR EACH RIDER ·
 · COVID-19 WAIVER FOR EACH RIDER ·

SEND COMPLETED ENTRIES TO:
 "Carlette Farm" on check

CARLETTE FARM
 109 MELVILLE ROAD
 HYDE PARK, NY 12538

Email: TracyL@locusthillfarmny.com www.CarletteFarm.com
 Barn Phone: (845) 471-2632

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

Locust Hill Farm Hunter Paces 2024

I request permission for me (or my child or ward) to participate in cross-country riding, jumping and hunter pacing at Carlette Farm LLC. Hyde Park, NY

I fully understand that cross-country horseback riding and pacing (which includes riding over fences, other obstacles, and steep and rough terrain) are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks and injury (including death) to me or my property.

In exchange for being admitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claims of any kind against Carlette Farm LLC, staff and volunteers, employees, guests, landowners, landholders or other persons making property available to Carlette Farm LLC, for any injury (including death) to me or for any damage to my property, whether from negligence of Carlette Farm LLC or anyone else’s negligence or any other cause, arising out of my participation in these dangerous horseback riding, cross-country riding and jumping or related activities. I also agree if anyone makes any claim because of any injury to me (including death) or for any damage to my property, I will keep all those released by this agreement free from any damages or costs because of those claims.

I agree to participate completely at my own risk.

Rider 1 Name (Print clearly)

Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)

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Rider 2 Name (Print clearly)

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Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)

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Rider 3 Name (Print clearly)

Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)

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Rider 4 Name (Print clearly)

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Signature or Guardian Signature, Date (Parent or Guardian must sign if rider is under 18.)