

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

ENTRY FORM
LOCUST HILL
Spring Schooling Hunter Pace
at Carlette Farm
Saturday June 7th, 2025

SECRETARY'S USE ONLY
Start Time:
Pinny #:

I enclose a total of \$_____ (\$70 per rider paid by 5/24, \$80 paid by 5/30, \$90 on 6/6) 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 Circle Preferred Start Time Range: Prior to 9:00 · 9:00 · 9:30 · 10:00 · 10:30 · 11:00 · 11:30

COMPLETED ENTRIES INCLUDE: · PAYMENT · COGGINS FOR EACH HORSE · SIGNATURE 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 Evening Contact: Tracy Little
Phone: (845) 471-2632 (845) 389-9234

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

Locust Hill Hunter Paces 2025

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.)