



Horse Show Entry Form

Opportunity Series to be held at the Orleans County Fairgrounds:
 May 7, June 4, July 2, August 6, and September 3, 2022

Please Circle the classes you wish to enter:

- | | | | | | | | | | | | | |
|-----------|-----------|----|----|----|-----------|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | | | | | | | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
| 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 |
| 46 | 47 | | | | | | | | | | | |

Rider's Name: _____ D.O.B. _____

Email Address: _____

Horse's Name: _____

Address: _____

Trainer's Name: _____

Email Address: _____

All Classes: \$10.00 x _____ (Number Entered)		\$ _____
USHJA Outreach Fee (optional)	\$25.00	\$ _____
USHJA Member # _____		
Office Fee:	\$10.00	\$ _____
Leadline	\$5.00	\$ _____
Hunter Derby \$25 x _____		\$ _____
Stall Fee		
(\$35 plus refundable \$20 deposit)	\$55.00	\$ _____
	TOTAL	\$ _____

Office Fee will be \$5 for all entries received one week, or more, prior to the show date (Postmarked 10 days prior) and for online entries

Please mail Entries and Payment to: Marlene Seielstad, 302 West Park Street, Albion, NY 14411

At this time, please make checks payable to Marlene Seielstad.

You can also email to marsmail@rochester.rr.com and venmo fees to @marlene-seielstad

Open Check []

Amount Collected _____ Stall Refund _____ Classic Payout _____

Rider Name: _____

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I, the undersigned, wish to ride a horse and participate in the Opportunity Series Horse Show. I understand that riding horses involves accepting certain risks. Those risks include, but are not limited to, the risk of injury resulting from falling from a horse, being stepped on or kicked by a horse, from a horse running into fences, trees, or buildings, and injuries resulting from tripping or falling over obstacles. In addition, I understand that the injuries sustained from riding horses could be serious or could even result in death. Despite this and other risks, and fully understanding such risks, I wish to ride a horse and compete in the Opportunity Series Horse Shows. I hereby assume all the risks of riding horses. I also hereby hold harmless the horse owner, if not my own horse, and agree to defend them against any claims or actions resulting from my riding horses, including all expenses and attorney fee. I hereby release any employees or volunteers of the Opportunity Series along with any other horse owners with animals stabled there from any and all liability, and I understand that this release shall be binding upon my estate and all my representatives. I have fully read this Waiver of Liability and Assumption of Risk carefully and understand that by signing below I am agreeing, on behalf of myself, my estate, my heirs, representatives and assigns not to sue any employees/volunteers, and horse owners with animals stabled there, or to hold him/her/them liable for any injury, including death, from riding horses and participating the Opportunity Series Horse Show. I understand the terms of this Waiver of Liability and Assumption of Risk, and I intend to be fully bound by this agreement. By virtue of my signature, I acknowledge and agree to all terms and conditions set forth on this form and further acknowledge that I have carefully read this agreement and understand what I am signing. Parent or Guardian of Minor Applicant: As the Parent or Guardian of the applicant, I hereby certify that this applicant (child) is less than 18 years of age. I am aware of the risks incurred in riding horses and the other horse activities described in this waiver and have discussed them with my child. I have discussed the rules and safety procedures with our/my child and am satisfied that s/he understands them. I understand that by signing below I am agreeing, along with my child, on behalf of myself, my representatives and assigns, not to sue any owners, employees/volunteers, or other horse owners with animals stabled there, or to hold him/her/them liable for any injury, including death, that results from my child riding horses or from participating in the Opportunity Series Horse Show. I understand the terms of this Waiver of Liability and Assumption of Risk, and I intend to be fully bound by this agreement.

Signature: _____ Date _____

Printed Name of Signer _____