

Hear the Beat Horse Show

East Complex Arena at the Virginia Horse Center in Lexington, Virginia
Proceeds to benefit Hoofbeats Therapeutic Riding Center, Inc.

Sanctioned by Blue Ridge Horse Force

Entry Form

PLEASE PRINT:

Owner's name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

Horse's name: _____ Horse's Breed: _____

Rider's name: _____ Rider's Age: _____

Emergency Contact: _____ Phone number: _____

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				

Total # classes _____ X \$8.00 = _____ + _____ = _____

Total Class Fees

\$25 Stall Fee or \$8 Grounds Fee

Total Fees

Please make checks payable to: Hoofbeats Therapeutic Riding Center, Inc.

- ◇ The Hear the Beat Horse Show will be run in accordance with Blue Ridge Horse Force and Virginia Horse Shows Association rules and regulations.
- ◇ Show proceeds will benefit Hoofbeats Therapeutic Riding Center, Inc.
- ◇ For Your Safety: Proper show attire, including footwear, is requested. ASTM-approved helmets are requested in all classes. They are REQUIRED in all over fences classes.
- ◇ Shavings are required in all stalls and are available for purchase in the Stable Office for \$6 per bag. Sawdust is not allowed.

Exhibitor Signature

Date

Please complete and mail with payment to:

Hear the Beat Horse Show

Hoofbeats Therapeutic Riding Center Benefit Show

Post Office Box 979

Lexington, VA 24450

Phone: (540)460-2542 E-mail: hoofbeats@rockbridge.net

RELEASE AND WAIVER OF LIABILITY
Virginia Horse Center Foundation
DBA Virginia Horse Center
Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force

I am aware that horseback riding, hunting, riding to hounds and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and are often difficult to control.

With this waiver I accept notice of the provisions of the Equine Activity Liability Act 3.1-796.130 through 3.0-796.133 of the Code of Virginia, 1950, as amended, which state in part: “(i)the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii)the inability to predict an equine’s reaction to sound, movements, objects, persons or animals; and (iii)the hazards of surface or subsurface conditions. The waiver shall remain valid unless expressly revoked by the participant or parent or guardian of a minor, in writing, with receipt acknowledged by a representative of the Virginia Horse Center Foundation and Virginia Equine Center Foundation, heretofore known as the “Virginia Horse Center”, Lexington, Virginia.

Furthermore, with this waiver, I expressly assume the risk of injury or death due to negligence by the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force, their agents, employees, members, officers, directors, and staff, for my own safety or for the safety of my minor child. With the knowledge of the foregoing, and as an inducement for the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force to allow me to ride or participate in clinics on their property, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force, their employees and participants, arising from any damages, injury, or death which I might sustain or which might occur to any horses. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding on Virginia Horse Center property. Furthermore, I agree to indemnify the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force, their employees, or participants, for any injury, death, loss, or damage to any personal property which might occur during an equine activity as defined by 3.1-796.130 of the Code of Virginia, 1950, as amended, or social functions sponsored by the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force or held in our behalf or for our benefit, when such injury, death, loss or damage occurs on their property.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE VIRGINIA HORSE CENTER, HOOFBELTS THERAPEUTIC RIDING, INC. AND BLUE RIDGE HORSE FORCE AND PARTICIPANTS, OR EMPLOYEES OVER WHOSE LAND I RIDE, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE VIRGINIA HORSE CENTER, HOOFBELTS THERAPEUTIC RIDING, INC. AND BLUE RIDGE HORSE FORCE AND EMPLOYEES OVER WHOSE LAND I RIDE, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Name: _____

Address _____ Date _____

Signature (parent if under 18)