

Back Bay Farm Horse Show

NUMBER (office use)

Regular Classes: \$20.00

All Medal and Stake Classes: \$25.00

Please make checks payable to Back Bay Farm

MHC Number _____

Horse Name	Rider #1	Rider #2	Class Numbers

Class Fees _____
Warm-Up \$15 _____
MHC Fee \$1 _____
Office/EMT Fee \$10 _____
Grand Total _____

Every entry at a recognized show shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, manager, agent, coach, driver, rider, and the horse: (1) shall be subject to the Constitution and rules of the Association and the local rules of the show; (2) that every horse, rider, and/or driver is eligible as entered; (3) that the owner and any of his representatives are bound by the Constitution and Rules of the MHC and the show will accept as final the decision of the hearing committee on any question arising under said rules and agree to hold the show, the MHC, their officials, directors and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold the MHC, the show, and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the MHC or show." Management reserves the right to decline or refuse any entry without being liable for compensation, and eliminate from further competition any exhibitor or horse should the best interest of the show be served.

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

X	X	X
Rider's Signature (Parent/Guardian if under 18) Name of Rider _____ Address _____ City, State, Zip _____ Phone Number _____	Owner or Agent's Signature Name of Owner _____ Address _____ City, State, Zip _____ Phone Number _____	Trainer's Signature