2008 YLP BUCKLE SERIES HORSE SHOW ENTRY FORM

Number: _____Age Division: _____ Show Date: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____City: _____Zip: _____

Parent/Guardian: _____Phone: _____

Emergency Contact Name: _____ Phone: _____

PLEASE CIRCLE CLASSES YOU WILL BE PARTICIPATING IN
ENGLISH CLASSES: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
LEADLINE CLASS: ENGLISH/WESTERN: 19 20 21
WESTERN CLASSES: 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37
38 39 40 41 42

Rider	**Class #**	**Name of Horse**	**Amount**

_____ # Of Classes x $4.95 per class =Total Class Fees: _____

Total Amount Paid: _____

******** ***MAKE CHECKS PAYABLE TO yloa***

****** Liability and Medical Release **** I acknowledge that horseback riding is a sport which carries inherent risks and injury and damage to myself, others, horses and property. **I KNOWINGLY ASSUME ALL RISKS.**
In consideration of my participation in this event I agree that I will defend, indemnify and hold harmless YLOA and any agents or employees of the above against all claims, demands and courses of action, including court costs and actual attorneys fees arising from any proceeding or lawsuit brought by or prosecuted for my behalf. This agreement is binding on my executors, heirs and assignees. My initials at the bottom of this entry form acknowledges that I have read these liability and medical releases and THE DISCIPLINE AND PROCEDURES POLICY AND I KNOW AND UNDERSTAND THEIR CONTENTS.

Initials_____ Date: _____Print Name_____
Exhibitor/Rider Signature: _____
Address: _____City/Zip: _____
Parent/Guardian Signature (if under 18) _____