

Changewater Stables Entry Form				Show date: ___/___/___	
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	Name of Horse	Breed	Color	Height	Age
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Owner or Authorized Agent:	Rider/Handler:	Trainer (if applicable):
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____
	Age: ____ Date of Birth: _____	

Division	Class #s	
		# ____ of classes x \$20 \$ ____
		Grounds fee \$15
		Paramedic fee \$10
		Total Fees: \$ ____
<i>Payment is due in full with entry. Please make checks payable to: Changewater Stables, LLC</i>		

Terms of Agreement: The Exhibitor, Spectator, Agent, or Representative of each herein designated as the Exhibitor, agrees to hold Changewater Stables, LLC and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents completely harmless and not liable, and release them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, damages, costs or expenses arising out of the Exhibitors use or presence upon the property of Changewater Stables, LLC and its facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages. The Exhibitor agrees to waive the protection offered by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release. The Exhibitor agrees to indemnify and defend Changewater Stables, LLC against and hold it harmless from any and all claims, causes of action, damage occurred during presence upon the property and facilities of Changewater Stables, LLC. "WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IN NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c. 287 (C.5:15-1 et seq.)"

By signing below, I acknowledge that I have read and agree to the terms stated above.

Owner or Authorized Agent	Rider/Handler (Parent/Guardian if applicable)	Trainer (if applicable)
x _____	x _____	x _____