



RIDER: _____ USDF #: _____ Birth Date: _____

Address: _____

City, ST, ZIP: _____

Phone: _____

E-mail: _____

Horse Name: _____ USDF #: _____ Owner USDF #: _____

Emergency Contact (Name/Phone): _____

SHOW DATE: _____

Class #	Dressage Test/Preference if Oversubscribed	Entry Fee
	TOTAL ENTRY FEES	

ONLINE ENTRIES ONLY!!! – Please fill out this form on both sides and email along with your negative coggins to bashapter@gmail.com.

ONLINE PAYMENTS: <https://by-chance-farm-llc.square.site/shop/schooling-shows/3>

SHOW SECRETARY: Barbara Shapter

CONTACT: bashapter@gmail.com

SHOW ADDRESS:

9205 Bessie Clemson Rd

Union Bridge, MD 21791

SCRATCH POLICY:

Scratches before the closing date will be issued a full refund. No refunds after the closing date for ANY reason. Show will be held rain or shine. \$35 fee assessed for returned checks if check payment is allowed. Entries must be received by closing date.



By Chance Farm LLC
9205 Bessie Clemson Road
Union Bridge, MD 21791

Release and Hold Harmless Agreement

The undersigned and his/her parent or legal guardian, if the undersigned is under eighteen (18) years of age, (Rider/Handler) on behalf of the undersigned, family members, heirs, personal representatives, or assigns, does hereby release By Chance Farm, LLC, a Maryland limited liability company and its members, managers, employees, agents, volunteers, insurers, representatives, heirs, assigns, affiliated persons, or anyone else directly or indirectly connected with By Chance Farm (collectively "By Chance Farm"), from any and all liability while on By Chance Farm property. Such liability shall include, but not be limited to, accident, loss, damage, injury or illness (including communicable diseases) of any kind whatsoever suffered by any of the following: Rider/Handler, Rider/Handler's horse, Rider/Handler's property, invitees, guests, and/or relatives.

Rider/Handler acknowledges that riding, caring for, and being around horses is an inherently dangerous activity. Rider/Handler assumes the risk thereof and assumes full responsibility for all damages resulting, in any way, from such activities. The undersigned acknowledges that By Chance Farm policy requires the use of ASTM/SEI approved headgear while mounted and releases By Chance Farm from any liability associated with damage or injury due to violation of this policy. Rider/Handler is advised to carry his/her own insurance.

Rider/Handler agrees to indemnify and hold harmless By Chance Farm, from any loss, damage, theft, injury, court costs, attorney fees, or any other kind of liability whatsoever related to any loss or damage suffered by Rider/Handler, Rider/Handler's horse, Rider/Handler's property, invitees, guests, and/or relatives while on any By Chance Farm property.

The laws of the State of Maryland shall govern this Agreement. Venue for any claim shall be in Frederick County, Maryland. Any ambiguity whatsoever in this Agreement shall not be held against By Chance Farm.

IN WITNESS WHEREOF, Rider/Handler, and his/her parent or legal guardian, having fully read this agreement, voluntarily and knowingly execute this Release and Hold Harmless Agreement as of the date written below.

Date	Name and Relationship to By Chance Farm (employee, boarder)	
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Rider/Handler (Signature)	Print Name	Date of Birth
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Parent/Guardian (Signature)	Print Name	Date of Birth
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Emergency Contact Name & Phone Number