



PATH Intl. Member Center

SHOW ENTRY FORM

Dressage at Bella Rosa Stables

Schooling Show ECRDA* sanctioned

151 Oak Glen Road, Howell, New Jersey 07731

www.bellarosara.com

Telephone (732) 938-5445

One Horse per Entry Form Please write clearly!

Date of Show: _____

Rider: _____ Cell Phone _____

Address: _____

Email: _____ Trainer: _____

Circle: Jr. under 13 Jr 13-21 yr. (as of Jan 1st) Senior Starter Open

Horse's Name	Breed	Color	Gender	Age

If riding more than one horse, please state name of horse and class/level of other horse:

Class Name/Division/Level	Fee

ATTACH/Complete DOCUMENTS:

____ WAIVER/Release of Liability

____ Negative Coggins

____ Flu/Rhino vaccination within last 6 months

**ENTRIES WILL ONLY BE ACCEPTED
IF COMPLETE with FULL PAYMENT
AND DOCUMENTS (Above)**

FEES ENCLOSED:

Entry (\$25/class) \$ _____

Office Fee \$ 10.00

Other Fees \$ _____

TOTAL ENCLOSED \$ _____

Make check payable to Bella Rosa Stables

For Show rules: USDF; ECRDA; ESDCTA

**B-BARR-B LLC
DBA Bella Rosa Stables
Care From The Heart**

**151 Oak Glen Road
Howell, N. J. 07731**

Release of Liability

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287, C: 5:15-1 ET SEQ.

I understand that the activity of horseback riding includes inherent risks of injury and I voluntarily assume and accept the full risk of such injury. I also understand that a horse, irrespective of its training or temperament, may act in an unpredictable manner and that is a risk to be assumed by engaging in any equine activity. I knowingly assume all risks, whether known or unknown, associated with engaging in equine activities.

To the fullest extent allowed by law, I agree to waive, discharge claims, and release from all liability B-Barr-B LLC, DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders, in any way connected with equine activities. I further agree to hold harmless the B-BARR-B, LLC DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders from any claims, damages, injuries, or losses caused by my own negligence while a participant in equine activities, or events organized or sponsored by the B-BARR-B LL, DBA Bella Rosa Stables and Care From the Heart. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrations and assigns, and includes any minors accompanying me in equine activities.

I acknowledge that I have read this Release of Liability and know and understand its contents. If you joined as a FAMILY, all family members **"over 18 years of age"** must sign this release (in this section).

Print Name (Clearly)

Signature

Date

Address (Print Clearly) Street, Town, and Zip

Print Name (Clearly)

Signature

Date

If additional family members need to be added, please complete a separate form and attach.

For members **"under"** 18 years of age, parent(s) or guardian must list name of each child and sign at bottom of page,

Name of child

Name of child

Name of child

Name of child

I, the undersigned parent or guardian of the above minor(s) in consideration of my minor's participation in equine activities, agree that the terms and conditions of this Release of Liability shall be binding as to damage, injury, and/or death to my minor(s), his/her animal, and property arising out of his/her participation in equine events.

Parent/Guardian Signature

Parent/Guardian Signature

Date