

Reins of Life Benefit Dressage Show Entry Form

Show Name: **Reins of Life Benefit Show** Date: **September 21st & 22nd**

Entries Open August 5, 2024 Close September 14, 2024

*****Please make Checks Payable to Reins of Life*****

Rider Information:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email _____

[] Junior [] Adult Amateur [] Professional

Owner Information:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email _____

Rider Emergency Contact Information:

Name: _____

Phone: _____

Horse Information:

Name: _____

Year Foaled: _____

Height: _____ hands

Breed: _____ Color: _____

Sex: [] Mare [] Gelding **NO STALLIONS**

Coggins Information: [] Yes

*Horse's name on Coggins test MUST match name on entry form.

*Photocopy of Negative Coggins test MUST be mailed with entry form or entry form will be rejected and returned!

Horse Emergency Contact Information:

Name: _____

Phone: _____

Show DAY / Class #	Description (Level & Test Number)	Entry Fee

DAY: _____ SATURDAY and/or _____ SUNDAY

Total Entries: _____

Stabling: _____

Bedding: _____

Stall Strip: _____

Office Fee: **\$15** _____

Donation(optional): _____

Total Fees: _____

WARNING

Under Indiana 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. The undersigned hereby release and discharge on their behalf and on the behalf of their heirs and assign, Michiana Dressage Club, Inc, its owners, officers, directors, shareholders, employees and assignees, and the owners, officers, directors, shareholders, employees and assignees of the entity or person holding the show from any and all liability for any damages or injuries sustained as a result of participation in the show. Neither Michiana Dressage Club, Inc., Reins of Life, Inc., Elizabeth Grainger, Brooks Grainger, nor any of its officers or agents or the property owners and management accept any liability for an accident, injury or illness to horses, riders and handlers, trainers, owners, attendant volunteers, operators, concessionaires, or any person or property whatsoever while on Reins Of Life, Inc. property.

Not responsible for theft, property damage or accidents to horses or riders.

Signatures: ("Same" not acceptable) each line must be correctly signed for entry to be valid

Rider: _____

Date: _____

Owner: _____

Date: _____

Parent/Guardian¹: _____

Date: _____

Trainer²: _____

Date: _____

¹ If Rider is a minor, parent or guardian must sign as well as rider.

² The "trainer" is the person, over 18, who is responsible for the care, custody, & control of the horse at the show.

Mail completed entry form, copy of Coggins test and funds to:

**Samantha Nusbaum
55200 Quince Rd South Bend, IN 46619**