



PINK RIBBON CLASS ENTRY FORM

**LONGVIEW HORSE PARK ASSOCIATION
BENEFIT HORSE SHOW**

NOTE: PLEASE ENTER ONLY ONE HORSE PER SHEET!

Number	CLASS NUMBER	NAME OF HORSE	RIDER	OWNER
	1A			

RELEASE AND WAIVER OF LIABILITY: I UNDERSTAND THAT NEITHER THE COUNTY OF JACKSON, THE JACKSON COUNTY PARKS AND RECREATION DEPARTMENT, THE LONGVIEW HORSE PARK ASSOCIATION, INC., THE PONY EXPRESS HORSE SHOW CIRCUIT, THEIR OFFICERS AND BOARD OF DIRECTORS, AND THE ORGANIZING COMMITTEE, ACCEPT ANY RESPONSIBILITY FOR ACCIDENTS, DAMAGE, INJURY OR ILLNESS TO THE HORSES, OWNERS, EXHIBITORS, EMPLOYEES, SPECTATORS OR ANY OTHER PERSON OR PROPERTY CONNECTED WITH THIS EVENT. I THEREBY AGREE FOR MYSELF AND MY REPRESENTATIVES TO BE BOUND BY THE RULES OF THIS COMPETITION AND MAKE THESE ENTRIES AT MY OWN RISK. IN CONSIDERATION OF MY ADMISSION, I WAIVE ANY CLAIM OF LIABILITY WHATSOEVER. THE SHOW MANAGEMENT RESERVES THE RIGHT TO REFUSE ANY ENTRY.

Under Missouri 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 pursuant to the Revised Statutes of Missouri

COGGINS TEST NUMBER: _____ **If Junior Rider- AGE** _____

TOTAL NUMBER OF CLASSES: _____ TOTAL ENTRY FEES: \$ _____ Check # _____ /Cash _____
STALL FEES: \$ _____ (NO REFUNDS)

SIGNATURE: _____ **THIS FORM MUST BE SIGNED!**

(If minor, parent or guardian must sign)

PRINT NAME: _____

ADDRESS: _____ Phone _____

CITY, STATE, ZIP: _____