ENTRY FORM - Attach COPY of Coggins for each horse

SHOW DATE: _____

AUTUMN OLIVE FARM
4566 Tabscott Road
Columbia, VA 23038-23038
804.457.3707

NUMBER (S): _____

autumnolivefarm@msn.com
www.autumnolivefarm.com

#	HORSE NAME	RIDER	OWNER	CLASSES

Every entry at an Autumn Olive Farm competition shall constitute an agreement and affirmation that the owner, rider and any other of their agents or representatives acknowledge that they participate voluntarily in the competition, fully aware that horse sports involve inherent danger and risk, and by participating, they expressly assume any and all risks of injury or loss, and they agree to hold the Autumn Olive Farm, their owners, officials, employees, volunteers and agents harmless for any loss suffered during or in connection with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said owners, officials, employees, volunteers or agents. I AGREE that this agreement is given in part under the Virginia Equine Activity Liability Act (3.1-769.130 and following of the Code of Virginia), which is hereby incorporated herein by reference. I allow any photos of horse/rider to be used.

_____
Signature of Exhibitor (or Guardian if under age 18)

_____
Owner of Horse

_____
Street Address

_____
City, State, Zip

_____
Phone Number

_____
Email Address

_____
Trainer Name (optional)

Make Checks Payable To: AUTUMN OLIVE FARM

ADDITIONAL INFORMATION:

VHSA / BHSA (circle if member) Junior _____ Adult _____

Jump Height for Division _____ _____ _____

Pony size (circle): Small Medium Large

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OFFICE USE ONLY:

Total classes: **PRE** _____ @ $_____ $_____

Total classes: **POST** _____ @ $_____ $_____

Extra Fee / Discount: _____ $_____

PAID: CASH / CHECK # _____ **TOTAL:** $ _____

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Horse #	Coggins Accession Number	Date Drawn