



2023 WNEPHA Equitation Finals



Held at White Hollow Farm

Name of Horse			Color	Sex	Height	Age	Name of Trainer or Barn Name									
Rider			Classes Entered				CLASS FEES: ___ x Equitation Classes: \$45 ___ x Medal Final: \$85 ___ x Horsemanship Classes: \$30 ___ x Hunter Classics: \$60 ___ x Jumper Class: \$45 ___ x Jumper Final: \$85	ADDITIONAL FEES: ___ x Office Fee: \$35 ___ x Permanent Stall: \$175 ___ x Tent Stall: \$125 ___ x Camper Space: \$60/Night ___ x Schooling: \$30/Day								
name																
address																
city	state	zip code	Rider Age:	13 or Under <input type="checkbox"/>	14-17 <input type="checkbox"/>	Adult <input type="checkbox"/>										
WNEPHA Entry Agreement:			Contact Info for Questions: _____				HAY AND SHAVINGS MUST BE ORDERED DIRECTLY FROM WHITE HOLLOW FARM									
<p>WNEPHA Release, Assumption of Risk, Waiver and Indemnification. This document waives important legal rights. Read it carefully before signing.</p> <p>I AGREE in consideration for my participation in this Competition, the WNEPHA 2023 Finals, to the following: I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (Harm.) I AGREE to release the WNEPHA, Competition, or White Hollow Farm from all claims for money damages or otherwise for any harm to me or my horse, or any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the WNEPHA, Competition, or White Hollow Farm. I AGREE to expressly assume all risks of harm to me or my horse, including harm resulting from negligence of the WNEPHA, Competition, or Mount Holyoke College. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) by WNEPHA, Competition, or White Hollow Farm and to hold them harmless with respect to all claims for harm to me or my horse, and for claims made by others for any harm caused by me or my horse at the Competition. I AGREE to wear protective equipment to include but not limited to head gear as described in Articles 318 and 1712 of the USEF Rules, and understand that no protective equipment can guard the entire obligation of this release on the child's behalf. I AGREE that "the WNEPHA, Competition, or White Hollow Farm" as used above includes all of their officials, offices, directors, members, employees, agents, personnel, volunteers and affiliated organizations. By signing below, I AGREE to be bound by all terms and provisions of this entry blank.</p>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Class Fees</td> <td>\$</td> </tr> <tr> <td>Office Fee</td> <td>\$</td> </tr> <tr> <td>Stall(s)</td> <td>\$</td> </tr> <tr> <td>Schooling</td> <td>\$</td> </tr> <tr> <td>Camper Space</td> <td>\$</td> </tr> <tr> <td>Total Due</td> <td>\$</td> </tr> </table>		Class Fees	\$				Office Fee	\$	Stall(s)	\$	Schooling	\$	Camper Space
Class Fees	\$															
Office Fee	\$															
Stall(s)	\$															
Schooling	\$															
Camper Space	\$															
Total Due	\$															
Rider Signature			Owner Signature			Trainer Signature										
Print Name			Print Name			Print Name										
Rider Parent/Guardian Signature (If Minor)			Address			Address										
Print Name			Address			Address										

Entries must be signed in full with a payment in place before numbers are given out.