Juniper Knoll Farm Entry Form May 31-June 1, July 26-27 Mail-In entries must be RECEIVED by May 26/July 21. Post-Entry fees apply after this date.

HORSE'S NAME		VHJA # NEHC #			CHECKS PAYABLE TO JUNIPER KNOLL FARM Cash Check#		
MARE GELDING STALLION AGE COLOR BREED HEIGHT		CURRENT COGGINS/RABIES CERTIFICATE INCLUDED?			Please send your completed entry to: GRACE SPATAFORA 491 ROUND BARN RD FERRISBURG, VT 05456		
TRAINER'S NAME	PHONE		VHJA #			E-MAIL	
RIDER'S 1 NAME			EMAIL				
ADDRESS			PHONE		CLA	CLASSES See prizelist for class fees	
CITY STATE ZIP			VHJA #	NEHC #			
AGE GROUP ADULT AMATEUR 18-35 Over 35 🗖 S EMERGENCY CONTACT:							
RIDER'S 2 NAME			EMAIL				
ADDRESS			PHONE		CLA	CLASSES See prizelist for class fees	
CITY STATE ZIP			VHJA # NEHC #				
AGE GROUP ADULT AMATEUR 18-35 Over 35 SENIOR JUNIOR Birth Date: EMERGENCY CONTACT:							
HORSE OWNER'S NAME			PHONE			Total Class Fees Total Stabling Fees (\$40/\$80) Office Fee (Leadline Exempt) \$25 NEHC Fee _\$2 Post Entry Fee: \$30	
ADDRESS			E-MAIL		Offic		
CITY STATE ZIP			OWNER VHJA#		Post		
This document waives important legal rights. Read it carefully before signing.						Total Fees	
AGREE that "the Federation" and "Competition" as used h	erein includes the Licensee	and Comp	etition Management,	as well as all of their officials, officers, direc	tors, employee	s, agents, personnel, volunteers and NEHC, VHJA and Feder	

I AGREE that "the Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and NEHC, VHJA and Federation affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longer, lessee, owner, agent, coach, trainer, or as 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 hold harmless and release the Federation and the Competition or the Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Federation or the Competition and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Federation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. I AGREE to all of the Federation on my injury and treatment to the Federation on the official USEF accident/injury report form. Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of a participation provide information on my injury and treatment to the Federation on the official USEF accident/injury report form. Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of a participati

BY SIGNING BELOW, I AGREE to be bound by all applicable NEHC, VHJA & Federation Rules and all terms and provisions of this entry blank

OWNER/AGENT	TRAINER	RIDER 1	RIDER 2	PARENT/GUARDIAN
PRINT:	PRINT:	PRINT:	PRINT:	PRINT:
SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE:	SIGNATURE: