

OFFICE USE

Entries Paid:

Number Issued:

Proof of Coggins/Rabies:

Trowbridge Schooling Show Entry Form

Date of Show: _____

Please fill in all information

Rider's Name: _____

Street: _____ City, State, Zip: _____

Email: _____ Rider's Age: _____

Name of Horse: _____ Owner of Horse: _____

Trainer/Barn Name: _____

Class Number										
Class Fee									Total	
Fee Schedule: \$10 regular classes \$15 pattern classes \$10 post entry **if after Thursday at 5pm									Office Fee \$5	
									Post Entry fee \$10	
									Total	

Check Payable to: TROWBRIDGES LTD. or CASH

Waiver of Liability**

Under Connecticut law, Public Act # 93-286 "each person engaged in recreation equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure, or activity by the person providing the horse or horses or his agents or employees." The undersigned agrees to release, indemnify, and hold Trowbridges LTD./236 Henry Sanford road and if officials, volunteers, etc.; harmless to any and all claims. Signature on entry form constitutes agreement herein.

Exhibitors Signature _____ Date: _____

(Parent or Guardian Signature required if exhibitor is under 18 years of age)

Pre – enter by 5 PM Thursday before the show and avoid a \$10 post entry fee.

Email to: shannon@trowbridgesltd.com

Proof of negative coggins and rabies vaccine required.