

Reins of Life Benefit Dressage Show Entry Form

Show Name: Reins of Life Benefit Show Date: September 21st & 22nd

Entries Open August 5, 2024 Close September 14, 2024

****Please make Checks Payable to Reins of Life****

<u>Rider Information:</u>	
Name: _____	
Address: _____	
City: _____	State: _____
Zip: _____	Phone: _____
Email _____	
[] Junior [] Adult Amateur [] Professional	
<u>Owner Information:</u>	
Name: _____	
Address: _____	
City: _____	State: _____
Zip: _____	Phone: _____
Email _____	
<u>Rider Emergency Contact Information:</u>	
Name: _____	
Phone: _____	

<u>Horse Information:</u>	
Name: _____	
Year Foaled: _____	
Height: _____	hands
Breed: _____	Color: _____
Sex: [] Mare [] Gelding NO STALLIONS	
<u>Coggins Information:</u> [] Yes	
*Horse's name on Coggins test MUST match name on entry form.	
*Photocopy of Negative Coggins test MUST be mailed with entry form or entry form will be rejected and returned!	
<u>Horse Emergency Contact Information:</u>	
Name: _____	
Phone: _____	

Show DAY / Class #	Description (Level & Test Number)	Entry Fee

DAY: _____ SATURDAY and/or _____ SUNDAY

Total Entries: _____
 Stabling: _____
 Bedding: _____
 Stall Strip: _____
 Office Fee: \$15
 Donation(optional) : _____
Total Fees: _____

WARNING
 Under Indiana 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. **The undersigned hereby release and discharge on their behalf and on the behalf of their heirs and assign, Michiana Dressage Club, Inc, its owners, officers, directors, shareholders, employees and assignees, and the owners, officers, directors, shareholders, employees and assignees of the entity or person holding the show from any and all liability for any damages or injuries sustained as a result of participation in the show. Neither Michiana Dressage Club, Inc. , Reins of Life, Inc., Elizabeth Grainger, Brooks Grainger, nor any of its officers or agents or the property owners and management accept any liability for an accident, injury or illness to horses, riders and handlers, trainers, owners, attendant volunteers, operators, concessionaires, or any person or property whatsoever while on Reins Of Life, Inc. property.**
Not responsible for theft, property damage or accidents to horses or riders.

Signatures: ("Same" not acceptable) each line must be correctly signed for entry to be valid

Rider: _____	Date: _____
Owner: _____	Date: _____
Parent/Guardian ¹ : _____	Date: _____
Trainer ² : _____	Date: _____

¹ If Rider is a minor, parent or guardian must sign as well as rider.
² The "trainer" is the person, over 18, who is responsible for the care, custody, & control of the horse at the show.

Mail completed entry form, copy of Coggins test and funds to: Samantha Nusbaum
 55200 Quince Rd South Bend, IN 46619