

MCTA SCHOOLING & CLINIC ENTRY FORM

Vest, helmet, appropriate footwear required and for schooling ground buddy also required.

(Make copies of this form)

ONE horse per form - Please print

Mail this entry form for Clinics. Bring this entry form with you to the Schooling.

Please read EVERY line. Incomplete forms and missing negative Coggins w/in 12 months of schooling or clinic date may not be accepted!

EVENT: **DATE:**

HORSE NAME:

Color: **Sex:** **Age:**

LEVEL: (As listed on the entry form or prize list, e.g. BN)

DIVISION: (As listed on the entry form or prize list, e.g. Open)

OTHER: (As listed on the entry form or prize list, e.g. HC, PC or OPRC)

FEES ENCLOSED	
Fee	\$
Volunteer	Hrs: _____
Voucher	_____
USEA non-member \$10 fee	\$
(only for recognized courses)	
Stabling	\$
Total	\$

MCTA Member?

Jr. Birth date:

Sr.

Rider Name:

Street: **City:**

State: **Zip:** **Email:**

Home Tel: **Cell:**

Describe level of experience for both rider and horse:

Other:

RELEASE OF LIABILITY AND AGREEMENT OF SCHOOLING, CLINIC or COMPETITION ENTRY:

Every entry at this competition shall constitute agreement and affirmation that all participants (including the horse owner, lessee, trainer, rider, handler, and the horse) for themselves and their agents (1) shall be subject to the local rules of the competition; (2) represent that every horse and rider is eligible as entered; (3) agree to be bound by the rules of the competition, and will accept as final the decision of the Ground Jury on any question arising under said rules, and agree to hold the competition harmless for any action taken and (4) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury and death, and by participating they expressly assume any and all risks of injury and loss, and they agree to indemnify and hold the competition and their officials, employees, volunteers, and agents harmless from and against all claims including for any injury or loss suffered during or in connection with the schooling, clinic, or competition event, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said owners, officials, managers, employees, volunteers, or agents of this schooling, clinic, or competition event.

RELEASE: I understand that this is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Organizer, the Organizing Committee, judges, officials, and volunteers, the host of this event or horse trials and the owners of any property on which the event or trial is to be held, from all liability from negligence resulting in accidents, damage, injury, or illness to myself and to my property, including the horse or horses which will compete at this event or trial.

Print Rider Name: **Print Horse Owner Name:**

SIGNED: (Rider's signature or parent/guardian if under 18) date:

SIGNED: (Horse Owner Signature) date:

STABLING REQUEST (call organizer for availability)

I would like stabling for the night(s) of:

Please stable me (if possible) next to:

I will be arriving (approx.) date: time:

(This may ensure there will be someone available to direct you)

My horse is for sale and I would like to include the following picture and information on the information board:

CHECK LIST: Coggins Check

(Payable as per event announcement form)

Join the MCTA – the Eventing Association in Maryland! The source for information on this exciting sport in Maryland and the surrounding states! Receive a Newsletter, THE Unrecognized Omnibus (lists competitions and schooling opportunities), annual awards for all levels, discounts to competitions and clinics, grant money given every year to deserving members, and more!

Interested? Add **\$30 for an individual** or **\$35 for a family (payable to MCTA)** to this form and join NOW!! www.mdcta.com