

Topping Riding Club Annual Fall Hunter Derby November 3rd, 2019

- Please complete this form carefully.
- Only one horse per form
- Entries close November 1st, 2019
- Show Secretary Contact Information:
troy@hamptonclassic.com

OWNER			RIDER ONE			TRAINER		
Owner Name			Rider Name			Trainer Name		
Address			Address			Address		
City	State	Zip	City	State	Zip	City	State	Zip
Email			Email			Email		
Cell			Cell			B-Day USEF Age		

HORSE			RIDER TWO			CLASSES		
Name			Rider Name			Rider One Division(s)		
Breed			Address			Rider Two Division(s)		
Color	Sex		City	State	Zip	FEES Each division: \$75.00 Rider One Derby Entry - Class # Total Amount due:		
Height	Year Foaled		Email					
Cell			Cell			Rider Two Derby Entry - Class #		
						Total Amount due:		

Acknowledgement of this Waiver and Release only applies to non-USEF Licensed Competitions

I, the undersigned, acknowledge that as a rider/competitor, I am subjecting myself to certain inherent risks of injury and damage to either horse, rider, or equipment. Knowing these facts, I nevertheless, in consideration of you accepting me as a competitor, do hereby for myself, my heirs, executors and administrators, agree to waive, release and hold harmless the Topping Riding Club Hunter Derby, the Topping Riding Club Facility, the Water and Rails, their employees, agents or representatives, paid or unpaid, from any accident, death, injury, damage, or theft that might occur to me, my horses, family, friends, or personal belongings while at Topping Riding Club.

I HAVE READ THE ABOVE STATEMENT AND I DO UNDERSTAND MY RIGHTS THEREOF.

BY SIGNING BELOW, I AGREE to be bound by all applicable federation rules and all terms and provisions of this entry blank and all terms and provisions of this prize list. If i am signing and submitting this agreement electronically, i acknowledge that my electronic signature shall have the same validity, force and effect as if i affixed my signature by my own hand. **All signatures are Mandatory**

Rider Signature:	Owner Signature:	Trainer/Coach Signature:
Print Name :	Print Name :	Print Name :
Parent/Guardian Signature: (Required if Rider is a minor)		
Print Parent/Guardian Name:	Emergency Contact Number	

Credit Card Visa/Mastercard Only Name Card # CVC Code Exp. Date	
Billing Address	
TOTAL FEES:	
Entry 1: \$	
Entry 2: \$	
Misc. Add'l Fees: \$	
TOTAL: \$	

Entries should be sent to: Topping Riding Club P.O. Box 99 • Sagaponack, NY 11962
 Email: troy@hamptonclassic.com • PLEASE MAKE CHECKS PAYABLE TO: Topping Riding Club