

Willowbrooke Farm Dressage Schooling Show Entry Form

Send entries and full payment to: Willowbrooke Farm, 7461 Brookville Rd, Plymouth MI 48170

Rider Name: _____ Horse Name: _____ Sex: _____ Email: _____
 _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____ Date of
 Show: _____ Stable With _____

Class #	Description (Level and Test Number) Indicate Jr/Yr, Adult Armature, or open	Class Fee
		\$
		\$
		\$
		\$
		\$

Class Fees: \$25 _____
 Stall Fee: \$60 (includes shavings) _____
 Office/Medic Fee: \$25 _____ \$25 _____
 Showing from trailer fee: \$25 _____
 Non-showing horse fee: \$40 _____

Under the Michigan Equine Activity Liability Act, an Equine Professional IS NOT LIABLE for an injury to or death of a Participant in the Equine Activity resulting from an inherent risk of the Equine Activity.

The undersigned hereby release and discharge on their behalf and on the behalf of their heirs and assign, Willowbrooke Farm, its owners, employees and assignees, from any and all liability for any damages or injuries sustained as a result of participation in the show. Willowbrooke Farm does not 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 the farm and/or stable's property.

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