

Show Date: _____

North Jersey Equestrian Center
Show Entry Form

North Jersey Equestrian Center
1 Carlson Pl.
Pompton Plains, NJ 07444
Phone: 973-839-0077
Fax: 973-839-0180

Horse/Pony

Name: _____
Color: _____ Sex: M / G / S Height: _____ Age: _____ Pony: S / M / L

Rider

Name: _____ Age: _____ Junior Amateur Professional
Address: _____
Phone: _____ Email: _____

Owner

Name: _____
Address: _____
Phone: _____ Email: _____

Division: _____ Class #s: _____

Division: _____ Class #s: _____

Division: _____ Class #s: _____

Entry Fees	Fee	#	Total
Stall Fees: (arriving day before show to stay overnight? Yes / No)	\$35	_____	_____
Class Fee	\$25.00	_____	_____
Class Fee	_____	_____	_____
Class Fee	_____	_____	_____
Schooling Fee (except Lead Line)	\$10.00	1	\$10
Pre-entry Discount	-\$5.00	_____	_____

Total Fees Due:

_____ **Please Make Checks Payable to NJEC**

I understand that horseback riding and activities incidental thereto involve injury including the possibility of serious physical injury as stated under New Jersey Law.

I hereby assume the sole responsibility for and agree to defend, indemnify and save North Jersey Equestrian Center, LLC and all owners of horses located at the above premises as well as their agents and employees (hereafter NJEC) harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries at the time resulting there from, sustained by any persons, including myself (my child), or an account of damage to property that may be caused and whether or not the same may have been caused or may be alleged to have caused by the negligence of the aforementioned parties or any other person.

I assume all risk and danger incidental to horseback riding whether occurring prior to, during or subsequent to actual horseback riding, including specifically (but not exclusively) the danger of being injured by falling from a horse or being kicked by a horse and agree that NJEC and all other horse owners not liable for any injuries or damages resulting from these or any other causes except to the extent such injuries or damages result from the gross negligence of NJEC.

I understand that NJEC is not responsible for property I leave on the premises and that space provided to me by NJEC for equipment are provided for my convenience without liability on the part of NJEC. I know that NJEC recommends that I secure insurance for myself, my horse and my property.

I understand that it is advisable that I (my child) wear an approved hard hat or helmet, and I hereby respect that I have one available to use at all times.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. CHAPTER 287.

Rider Name (Printed) _____ Signature: _____

FAX PRE-ENTRIES TO 973-839-0180 TO RECEIVE A \$5.00 DISCOUNT

Parent/Guardian (Printed): _____ Signature: _____

FAX PRE-ENTRIES TO 973-839-0180 TO RECEIVE A \$5.00 DISCOUNT