

Mail Entries to:
 WCF Open Horse Show
 Tammy Lozipone
 1920 Finley Rd Walworth, NY 14568
 or e-mail: tlozip3368@gmail.com

Wayne County Fair Entry

OPEN HORSE SHOW ENTRY FORM

ONLY 1 Horse & Combination Per Form.

Please accept entry listed, subject to NYS Department of Agriculture & Markets
 and Fair Department Rules.
EARLY ENTRIES RECOMMENDED.

Exhibitor Number: _____
 Coggins: _____
 Rabies: _____
 Helmet (if Under 18): _____

Exhibitor Name: _____ Age: _____ Division Fee(s): # Divisions() x \$10 ea = \$ _____
 Street Address: _____ Phone Number: _____ Stall Charge: _____
 E-Mail: _____ County: _____ Total Due: _____
 Parent/ Guardian Name: _____ Best Phone Number to be Reached at: () _____

Emergency Contact Name: (Provide Name & Phone Number (s)): _____

Horse's Name: _____ Mare or Gelding Division: **SR JR W/T (18+) Mini Ranch**

Circle Classes 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 A B C D

I have made no misrepresentation to the Host (s) of this event regarding my name, address, age, riding ability, health insurance or any other information that was requested. I agree to hold harmless and indemnify The Wayne County Fair Board, and its owners, agents, volunteers, and employees, and landowners over whose property this event might take place, and the Host (s) of this event for any loss or damage, including any that result from claims for personal injury or property damage related to the use of my horse. I understand that this release shall remain in effect during the entire event and that this release shall apply to any and all activities that I may do connected with said event, whether on or around a horse or not.

I understand and am aware that any and all activities engaged in with a horse to include, but not be limited to, riding a saddled equine, driving a harnessed equine and leading an equine in-hand is **INHERENTLY A HAZARDOUS ACTIVITY AND DESPITE THE BEST INTENTIONS OF THE WAYNE COUNTY FAIR BOARD, THE LANDOWNERS, AND THE HOST (S) OF THIS EVENT, ACCIDENTS CAN HAPPEN.** I understand that the above activities and the use of horses involves a risk of injury to any and all parts of my body, dismemberment, or death. I realize that wearing a helmet can reduce the chances of serious head injury. **I further understand that this release applies to any accident, illness or injury that may occur at this event, whether connected to horses or not.**

Having read the above paragraphs and understanding them, I therefore release The Wayne County Fair Board and its owners, agents, volunteers, and employees, and landowners over whose property this Wayne County Fair Open Horse Show event might take place, and the Host (s) of this event FROM ANY AND ALL LIABILITY FOR DAMAGES AND PERSONAL INJURY TO MYSELF OR ANY PERSON OR PROPERTY RESULTING FROM THE NEGLIGENCE OF THE WAYNE COUNTY FAIR BOARD, THE LANDOWNERS AND THE HOST(S) OF THIS EVENT **TO INCLUDE BUT NOT BE LIMITED TO** FACILITY AND GROUNDS CONDITIONS AT 300 W JACKSON STREET, PALMYRA, NY AND THE ACTIONS OF OTHER HORSES OR INDIVIDUALS BEYOND THE CONTROL OF THE WAYNE COUNTY FAIR BOARD, THE LANDOWNERS, AND THE HOST(S) OF THIS EVENT, accepting myself full responsibility for any and all damages or injury of any kind which may result from the inherent dangers involved in being in the presence of horses or at this event.

I, the undersigned, acknowledge that I have carefully read this agreement and release of liability, and I understand its contents. Further, I have health and/or accident insurance that will cover me in the event of an illness/injury. **I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY AND ALL RIGHTS I HAVE TO SUE THE WAYNE COUNTY FAIR BOARD, ANY EMPLOYEE OR VOLUNTEER THEREOF, LANDOWNERS OVER WHOSE PROPERTY THIS WAYNE COUNTY OPEN HORSE SHOW MIGHT TAKE PLACE.**

DATED: _____ **Participant Printed Name:** _____ **Participant Signature:** _____

I have advised that this document is a release of liability and have checked to make sure that he/she has read this document and understands the nature of this document and that he/she is signing this document of his/her own volition.

If a Minor (17 or under):

I CERTIFY THAT I AM THE PARENT OR GUARDIAN OF AND THAT I HAVE READ THE ABOVE WAIVER OF LIABILITY WITH MY CHILD. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY AND ALL RIGHTS I HAVE TO SUE THE WAYNE COUNTY FAIR BOARD OR ANY EMPLOYEE OR VOLUNTEER THEREOF FOR ANY AND ALL INJURIES, DAMAGES OR OTHER DETRIMENTAL RESULTS THAT MAY OCCUR TO MY CHILD WHILE ON ITS PREMISES AND/OR ITS HORSES. I HAVE HEALTH INSURANCE THAT WILL COVER MY CHILD IN THE EVENT OF INJURY. I AGREE TO INDEMNIFY FOR ANY AND ALL COSTS INCLUDING ATTORNEYS' FEES THAT THE WAYNE COUNTY FAIR BOARD MAY INCUR SHOULD MY CHILD EVER MAKE ANY CLAIMS AGAINST THE WAYNE COUNTY FAIR BOARD.

DATED: _____ **Parent or Guardian Printed Name:** _____ **Parent or Guardian Signature:** _____