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**CROSSROADS SILVER CUP SHOW SERIES Entry Form**  
2/16, 3/24, 4/14, 5/4

Please PRINT

Horse Name: \_\_\_\_\_

**OWNER**  
 Name: \_\_\_\_\_ USEF# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**TRAINER**  
 Name: \_\_\_\_\_ USEF# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**RIDER #1**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**RIDER #2**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Class Numbers:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Class Numbers:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|             |  |         |
|-------------|--|---------|
| ENTRY FEES: | Office Fee:  | \$25.00 |
| _____       | Crossroads - Lease fee for horse @ \$75 =                | _____   |
| _____       | All Divisions @ \$100/division =                         | _____   |
| _____       | Individual Classes other than Jumper/Medal @ \$35/class= | _____   |
| _____       | **Money Classes @ \$40/class** =                         | _____   |
|             | <b>TOTAL DUE:</b>  | _____   |
|             | <b>PAYMENTS/PRIZE MONEY:</b>                             | _____   |
|             | <b>BALANCE DUE:</b>                                      | _____   |

**CROSSROADS Release, Assumption of Risk, Waiver and Indemnification**

I AGREE in consideration for my participation in this Competition to the following:  
 I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, lessee, owner, trainer or parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I AGREE to release Crossroads Equestrian Center and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of Crossroads or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Crossroads and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse, including Harm resulting from the negligence of the Crossroads or the Competition. I acknowledge that the Crossroads strongly encourages me to wear protective equipment but I understand that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and I AGREE that the "Crossroads" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

BY SIGNING BELOW, I AGREE to be bound by all applicable Crossroads Rules and all terms and provisions of this Entry Form.

\_\_\_\_\_  
 Rider #1 (signature)  
 \_\_\_\_\_  
 Print  
 \_\_\_\_\_  
 Rider #2 (signature)  
 \_\_\_\_\_  
 Print

\_\_\_\_\_  
 Trainer/Coach (signature)  
 \_\_\_\_\_  
 Print  
 \_\_\_\_\_  
 Trainer/Coach (signature)  
 \_\_\_\_\_  
 Print

\_\_\_\_\_  
 Parent/Guardian (signature)  
 \_\_\_\_\_  
 Print  
 \_\_\_\_\_  
 Parent/Guardian (signature)  
 \_\_\_\_\_  
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