FAIR HAVEN FARMS

RIDER _____ Entry# _____

ADDRESS: _____

PHONE #_____

HORSE NAME: _____

TRAINER: _____PHONE # _____

Class #'s					Entries _____@ $12 _____@ $15	
					Mini Prix _____ @ $30 _____ @ $35 Derby _____ @ $30 _____ @ $35	
					$75 weekend stall $65 overnight stall $50 day stall	
					Bedding $8/bag _____ bags	
					EMS fee $15	15.00
					Grounds Fee $10	10.00
					Day Shipper $10	
					TOTAL Amount Due	
					Check #	
					Cash	

The undersigned assumes the risk of equine activities pursuant to Pennsylvania Law. THE EQUINE IMMUNITY ACT, ACT 93 OR 2005. Unavoidable risks inherent in all horse related activities include but are not limited to bodily injury and physical harm to horse, rider, and spectator.
In consideration, therefore for the privilege of riding, showing and/or working around the undersigned does hereby agree to hold harmless and indemnify MICHAEL and KAREN MULLIN, FAIR HAVEN FARMS LLC, and all employees and contractors and further releases them from any liability or responsibility for accident damage, injury, death or illness to the undersigned or to any horse owned by the undersigned or to any family member, trainer or spectator accompanying the undersigned. The undersigned does hereby covenant and pledge not to sue MICHAEL and KAREN MULLIN, FAIR HAVEN FARMS LLC, employees, volunteers and contractors for, or in connection with any claim or cause of action which may arise.
The undersigned warrants and represents that the rider/student maintains in force general medical insurance coverage in sufficient amounts for this or similar purposes.

_____ Date: _____
Rider Signature

_____ Date: _____
Parent/Guardian Signature (if rider under 18)

CREDIT CARD # _____ Expires_____ code_____

MAIL CHECKS WITH COMPLETED ENTRY TO:
Fair Haven Farms LLC
206 Lee Rd
Grove City, Pa 16127
412-848-3501
www.fairhavenfarms.net **YOUR EMAIL**_____