

FAIR HAVEN FARMS

RIDER: _____ Entry#: _____

ADDRESS: _____

PHONE#: _____

HORSE NAME: _____ OWNER: _____

ADDRESS: _____

TRAINER: _____ PHONE #: _____

Class #'s					Pre Entries @ \$17	Post Entries @ \$20	
					Mini Prix _____ @ \$40	_____ @ \$45	
					\$65 overnight stall \$50 day stall		
					Bedding \$10 / bag	_____ bags	
					EMS fee \$15		15.00
					Grounds Fee \$20		20.00
					Day Shipper \$20		
					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 or CREDIT CARD # WITH COMPLETED ENTRY TO:

Fair Haven Farms LLC
206 Lee Rd Grove City, Pa 16127

412-848-3501
www.fairhavenfarms.net

YOUR EMAIL _____

NOTE: Pre-entries/stall fees MUST be received by the Monday prior to the show date.