

2017 MAXVILLE FAIR FUN HORSE SHOW

ENTRY FORM

One entry form per competitor/horse combination.

Entries will be accepted up to and including the day of the show.

Liability Waiver **MUST** be signed by parent or guardian.

Cheques payable to KENYON AGRICULTURAL SOCIETY HST # R123269334

Class	Rider's Name	Horse/Pony Name	Owner's Name	Fee
Junior = \$1 or Senior = \$5			KAS Membership Fee	
			Total Fees	

2017 MAXVILLE FAIR FUN HORSE SHOW

LIABILITY WAIVER

It is hereby recognized that all equestrian sports involve inherent risks, and that no helmet or protective equipment can protect against all foreseeable injury. I hereby accept this risk and hereby hold blameless the 2017 MAXVILLE FUN HORSE SHOW COMMITTEE and the KENYON AGRICULTURAL SOCIETY, its director and members from all damages of any nature which may be occasioned by or to my animal(s) and/or owners and/or exhibitors and/or my representatives, and do further hereby undertake to indemnify the 2017 MAXVILLE FUN HORSE SHOW COMMITTEE and the KENYON AGRICULTURAL SOCIETY and its members against all claims or demands arising from any injury by the aforesaid animal(s) or by the negligence of any person or persons.

I shall not hold the 2017 MAXVILLE FUN HORSE SHOW Committee and the KENYON AGRICULTURAL SOCIETY and its membership responsible for any accidents, injury or damage which might occur to me or anyone exhibiting my animal(s) or to anyone on the Fairgrounds while participating in any events in the Horse Show or as a spectator on the show grounds themselves.

Date: _____

Exhibitor

Name: _____

Address: _____

Telephone #: _____

E-mail address: _____

Age as of January 1st, 2017 (if under 18 years): _____

All entries are possibly subject to having personal information (e.g. name, general location) disclosed for publishing in local media. Due to the PIPED Act, please check here: YES NO

Signature: _____

Parent/Guardian

Name: _____

Address: _____

Telephone #: _____

Signature: _____

*** **MUST** be signed by Parent/Guardian***

Horse/Pony Owner

Name: _____

Address: _____

Telephone #: _____

EQUINE LIABILITY INSURANCE: OWNER - please note current exhibitor and third party equine liability insurance is required.

Insurance Company: _____

Policy #: _____ Exp. Date: _____