**Palmer River Equestrian Center**

Professional Cross Country Schooling Day Application

Day and Time Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information:**

|  |  |
| --- | --- |
| Name | Date of Birth |
|  |  |
| Address | City, State, Zip | |
|  |  | |
| Phone | Email | |
|  |  | |
| Trainer Name | Health Insurance Company | |
|  |  | |

**Emergency Contact Information:**

|  |  |
| --- | --- |
| Name | Relationship to Applicant |
|  |  |
| Address | City, State, Zip |
|  |  |
| Phone | Email |
|  |  |

**Horse Information and Riding Experience:**

|  |
| --- |
| Horse/Pony Name |
|  |

**Fees and Information:**

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| --- |
| * $50 per horse/rider * Make checks payable to Palmer River Equestrian Center ($25 fee for non-negotiable checks) * Mail checks to: Palmer River Equestrian Center, 173 Pine Street, Rehoboth, MA 02769 * Email applications to: prec173@comcast.net |

*Every entry shall constitute an agreement and affirmation that the person making it along with the owner, lessee, trainer, manager, agent, coach, rider and the horse 1) shall be subject to the rules of Palmer River Equestrian Center, 2) that every horse and rider is eligible as entered, and 3) that the owner and any of his representatives are bound by the rules of Palmer River Equestrian Center and will accept as final the decisions of the hearing committee on any question arising under such rules and agree to hold Palmer River Equestrian Center, Dawn Cook, the directors, employees, and agents harmless for any loss suffered during or in connection with the show, whether or not the such injury resulted directly or indirectly from the negligent acts of said officials, directors, employees, or agents of Palmer River Equestrian Center or Dawn Cook. I hereby enter the above at my own risk subject to the rules of Palmer River Equestrian Center and Dawn Cook and agree to be responsible for any injury or damages that may occur to or be so caused by any animals, vehicles, or trappings, or the loss of any animals, vehicles or trappings exhibited by me, and I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership. I also certify that any animal exhibited by me is free of any infectious or contagious disease and possesses a current Coggins test. Under Massachusetts Law, an equine professional is not liable for any injury or the death of a participant in equine activities from the inherent risks of Equine Activities pursuant to Section 2D of Chapter 128 of the General Laws.*

|  |  |
| --- | --- |
| Signature/Electronic Signature of Applicant (or Parent/Legal Guardian if under 18) | Date |
|  |  |