

**BATTLEFIELD HORSE SHOW ASSOCIATION
HUNTER CLASSIC HORSE SHOW
ENTRY FORM**

Coggins(s) #: _____

Date(s) Drawn: _____

BHSA Hunter Classic – Hazelwild

If there are questions on Entry Blank contact: _____ Phone#: _____ E-Mail: _____

OFFICE USE ONLY	Name of Horse Class Number Under Name	Color	Sex	Ht	Owner's Name and Address	Rider	Check Which		Entry Fees
							Adult	Jr/Give AGE	

Every entry at a The Battlefield Horse Show Association Hunter Classic competition shall constitute an agreement and affirmation that the owner, rider and any of their agents or representatives acknowledge that they participate voluntarily in the competition, fully aware that horse sports involve inherent danger and risk, and by participating, they expressly assume any and all risks of injury or loss, and they agree to hold the competition, , Battlefield Horse Show Association, Hazelwild Farm Educational Foundation, Hazelwild Riding School, their officials, directors, employees and agents harmless for any loss suffered during or in connection with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents. By signing this waiver and release, I accept notice of the provisions of Section 3.2-6200 through 3.2-6203 of the code of Virginia (as amended) which states the inherent risks in equine activities. I have carefully read and understand the contents of this document and agree that I am giving up any rights I have or might have in the future to sue or make a claim against the Battlefield Horse Show Association, Hazelwild Farm Educational Foundation, Hazelwild Riding School and all the parties described in this waiver and release. It is my specific intent to give up these rights and hold harmless all of the aforementioned parties and I do so knowingly and voluntarily.

Owner's Name: _____

Street No.: _____

City & State: _____ Zip Code: _____

Exhibitor's or Agent's Signature: _____

Trainer's Signature: _____

Street No.: _____

City & State: _____ Zip Code: _____

Phone: _____

**Make Checks Payable
to:
BHSA**

Complete On-line Entry
Form at:
<https://goo.gl/forms/6HXtf6JTl6YYo7Zd2>

E-mail Entries to:
bhsajleitch@gmail.com

Mail Entries to:
BHSA c/o Julie Leitch
2817 Angela Court
Fredericksburg, VA
22408

For questions call: Julie
Leitch 540-847-6072

SUB-TOTAL ENTRY FEES = _____

_____ Stalls @ \$45 per Stall = _____

_____ Misc. Fee @ \$ _____ = _____

TOTAL = _____

Amount of Check = _____

Stable With: _____