



## Pinellas County Hunter Association (PCHA) Horseless Jumping Competition - June 4, 2022

### ENTRY FORM

ALL PARTICIPANTS/PARENT/GUARDIAN MUST SIGN THE AMATEUR ATHLETIC RELEASE AND WAIVER OF LIABILITY IN ORDER TO PARTICIPATE IN THE HORSELESS JUMPING COMPETITION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

I would like to enter the following classes (\$10 each)

Payment must accompany entry (check all that apply)

1. \_\_\_\_\_ Poles Speed Class – Poles on ground; Fastest Clean Round Wins (AGES 6 and under)
2. \_\_\_\_\_ Puddle Jumper Class - Fences up to 2' Fastest Clean Round Wins (AGES 10 and under)
3. \_\_\_\_\_ Mini Prix Speed Class - Fences 2'6 Fastest Clean Round Wins (AGES 11+)
4. \_\_\_\_\_ Puissance High Jump Fence Height starts at 2', fences raised until only 1 person is clear
5. \_\_\_\_\_ Dog Agility Jumping (horseless rider and dog combo speed class on designated course)

Ribbons 1 - 6 Trophy for the Winner

#### AMATEUR ATHLETIC RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in the P.C.H.A. Horseless Jumping Competition at the June Pinellas County Hunter Association, Inc. Non-Rated Horse Show for the benefit of the P.C.H.A. Rider Incentive Fund on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

(1) ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

(a) To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Horseless Jumping Competition:

(b) Participating or assisting others in participating in Horseless Jumping Competition may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used: (c) There may be OTHER RISKS not known or not reasonably foreseeable including exposure and/or contraction of Covid-19 and Understanding All of The Above.

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE.

(a) The PINELLAS COUNTY HUNTER ASSOCIATION, INC., their directors, employees or volunteers, clubs, coaches, trainers, officials affiliated with the organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, volunteers, coaches, trainers, officials or any other individuals affiliated with The PINELLAS COUNTY HUNTER ASSOCIATION, INC.

(b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governments agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, volunteers of such entities or organizations:

(c) owners, lessors, and lessees of premises used to conduct the Horseless Jumping Competition FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in, or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Horseless Jumping Competition

(3) I FURTHER AGREE THAT:

(a) Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the organizer, supervisor or official connected with the Horseless Jumping Competition of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating.

(b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and / or VOICE to APPEAR in any official documentary, written promotional (including any and all advertisements, television, internet, radio or film coverage of the Horseless Jumping Competition) WITHOUT COMPENSATION.

(4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel associated with The Horseless Jumping Competition.

\_\_\_\_\_ **Add to Show Bill** \_\_\_\_\_ **Pay Other**

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION

\_\_\_\_\_ Date \_\_\_\_\_

Participant (if over 18 years of age) or Parent / Guardian Signature