



OVCTA LAUREN ANNETT CLINICS — RIDER/AUDITOR ENTRY FORM

Dunmovin Farm, West Chester, PA

Dec 9, 2017 Jan 20, 2018 Feb 17, 2018 (Please circle date of clinic entered)

Name: _____ Under 18? _____

Mailing Address: _____

Phone Number: _____ Are you an OVCTA Member? **Y / N**

Email _____

Do you receive OVCTA emails? **Y / N** May we add you to our email list? **Y / N**

In the event of an emergency on the day of the CLINIC, whom may we contact, and at what number? _____

Send completed forms with full payment (payable to OVCTA) to: OVCTA Lauren Annett Clinic , c/o Alice Morse, 1201 Conestoga Rd, Chester Springs, PA 19425.

RIDERS:		
HORSE NAME / AGE/ SEX / LEVEL	Time Preference?	ENTRY FEES
AUDITORS:		
NAME (not including grooms)		
<i>ONLY 2 VOLUNTEER CHITS PER ENTRY PLEASE.</i>	<i>- Volunteer Chits – subtract \$5/chit</i>	
	TOTAL =	

I enclose herewith a total of \$_____ for the aforementioned entry, which is made at my own risk and subject to the conditions of the organizer and the sponsoring Oley Valley CTA. I agree to abide by the rules which cover this event as set forth by OVCTA.

RELEASE : I understand that this is a high risk sport and I am participating at my own risk. I hereby release and hold harmless the Organizer, Organizing Committee, judges and officials, volunteers, the Oley Valley CTA, their officers, agents, employees and volunteers, the host and property owners from any and all accidents, damages, injury, loss or illness to horses, owners, riders, employees, attendants, spectators or any other person or property loss suffered during or in connection with this event.

IMPORTANT: You assume the risk of equine activities pursuant to Pennsylvania Law.

I understand and agree to the above agreement & release.

NOTE: Parent or guardian must sign if competitor is under 18

SIGNATURE: _____