

Jump For A Cause Entry Form

Back Number: _____

Team Name: _____

Team Member- 1 (2'3"-2'6") _____ 2 (2'9"-3') _____ 3 (3'3"-3'6") _____

Please check one of the above so we know where to place you in order of go.

Horse/Pony Name: _____

Rider Name: _____ Age: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Owner Name: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Trainer Name: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please have entries in by November 4, 2010.

Schooling Fee @ \$10.00 each X _____ = _____

Class Fee @ \$45.00 each X _____ = _____

Stall Fee @ \$40.00 each X _____ = _____ (All competitors showing in the

Mark Wonderly Show must purchase stabling from Mark Wonderly)

Office Fee @ \$5.00 each X _____ = _____

E.M.T Fee @ \$3.00 each X _____ = _____

Total _____

Checks Made Payable to: American Parkinson's Disease Association

Entries can be emailed to Bobbi@EquesSolutions.com or faxed to 561-965-1857 or mail to:
14100 Wellington Trace, Wellington, Florida 33414.

I, the participant, parent or legal guardian of a participant, agree to protect, defend, reimburse, indemnify and hold Jim Brandon Equestrian Center, American Parkinson's Disease Association, Abbi Bentz, Stephen Bentz, Hannah Bentz, and Eques Solutions, Inc, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liabilities, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my participation in this program or from emergency

medical care. I hereby assume the risk of participation in this program and agree to hold Jim Brandon Equestrian Center, APDA, Eques Solutions, Inc, the Bentz family, and its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expense, losses, costs, fines, damages, or causes of action of every kind and character, including attorney's fees and costs whether at trial or appellate levels or otherwise, due to their acts, error, or omissions resulting in bodily injury, including death, or damage to me or my property incident to or in connection with my participation in this program. Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities. Florida Statue Chapter 773. If I am a parent or guardian of a child under the age of 18yrs., I consent to the child's participation and AGREE to assume all obligations of this release on child's behalf. I AGREE to expressly assume all risks of Harm to my horse, or me including Harm resulting from the negligence of the Competition. I AGREE to release the Competition from all claims for money damages or otherwise for any Harm to me or my horse, and for claims made by others for any harm caused cause by me or my horse to others, horse at the Competition. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. I AGREE that the Competition as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers, Eques Solutions, Inc, and affiliated organizations. BY SIGNING BELOW, I AGREE to be bound by all applicable rules and terms of this entry form.

Rider Signature or Guardian Signature: _____

Trainer Signature: _____

Owner Signature or Guardian/Agent: _____