



OVCTA Jean Moyer Clinic Entry Form

March 5-6, 2011

Rider Name: _____ DOB _____

Mailing Address: _____

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

Email _____

I don't always have access to e-mail, so please call me with my ride times **Y / N**

May we add you to our email list? **Y / N** Already receive it? **Y / N**

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

HORSE NAME / AGE/ SEX / HEIGHT	Dressage LEVEL & Jumping HEIGHT	ENTRY FEES
ONLY 2 VOLUNTEER CHITS PER ENTRY PLEASE.	- Volunteer Chits – subtract \$5/chit	
	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 & USEF.

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: _____