



COMPETITION NAME_____ COMPETITION DATE_____

RIDER	
LOCAL ADDRESS:	
PHONE:	CELL:
EMAIL ADDRESS:	
OWNER (IF DIFFERENT FROM ABOVE)	
LOCAL ADDRESS:	
PHONE:	CELL:
EMAIL ADDRESS:	
TRAINER (IF DIFFERENT FROM ABOVE)	
LOCAL ADDRESS:	
PHONE:	CELL:
EMAIL ADDRESS:	

SUBTOTAL CLASS FEES	
CIEF MEMBERSHIP	
ADMINISTRATION FEE	\$20.00
LATE ENTRY FEE	
CIEF DONATIONS	
TOTAL	

I ENCLOSE:	
	TOTAL \$_____
CHEQUE Info.	
Payment Confirm.	PMT DATE_____

I understand that horse riding is a dangerous sport and I hereby agree to release, indemnify and hold harmless CIEF, its directors, officers, agents and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this CIEF event and all related activities. I also hereby agree to release, indemnify and hold harmless the organizing committee and members, the show committee and members, show management and the ground jury of any CIEF event from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this CIEF event. I also consent to CIEF's use of any photographic image of myself or my minor child taken at this CIEF event.

PRINT NAME (PARENT SIGN IF RIDER A MINOR)	SIGNATURE