

COMPETITION NAME_

Competition Date_____

Name of Horse		Horse Owner		Age	SE	X	Неіснт	
Name of Rider		DoB Sex CIEF Member		Member	TRAINER			
				Y	N			
CLASS CODE	CLASS DESCRIPTION							Fees

Rider	Subtotal Class Fees			
LOCAL ADDRESS:	CIEF Membership			
PHONE: CELL:	Administration Fee	\$20.00		
Email Address:	LATE ENTRY FEE			
Owner (if different from above) Local Address:	CIEF Donations			
HONE: CELL: TOTAL				
Email Address:	I enclose:			
TRAINER (IF DIFFERENT FROM ABOVE)		Total \$		
LOCAL ADDRESS:	CHEQUE Info.			
PHONE: CELL: Email Address:	Payment Confirm.	Рмт 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 because of, or in connection with participation in this CIEF event from and against any 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

Official Use Only -Amount Paid