

CRIMSON ACRES 4-H & OPEN HORSE SHOWS ENTRY FORM

Entry Fees:

Pre-entry - \$10.00/class (April, June & July shows) \$15.00/class Handy Horse Show (May) Divisions Entered _____ & _____

Post-entry fee – additional \$5.00

Horse Show Dates

check one _____ _____ _____ _____
 April 2 May 14 June 11 July 19

Games Night Day Rate - \$50.00 (*Wooly Show & June Show 9 am start*) (*Handy Horse Show 9am start*) (*night show 4 pm start*)

***Amy Spencer Memorial Class \$10.00** Games Night Dates

*One Horse and Rider Combination/number *check one* _____ _____ _____ _____ _____
 May 27 June 24 July 22 Aug. 19 Sept. 16

Exhibitor Name _____ Horses Name _____ E-mail address _____

Exhibitor Address: _____ Telephone: _____

Street _____ PO Box _____ City _____ State _____ Zip Code _____

Classes Entered _____

PLEASE READ THE FOLLOWING BEFORE SIGNING AND DO NOT SIGN UNLESS YOU FULLY UNDERSTAND

I hereby enter this Horse Show, Games Night at my own risk. I agree to hold harmless Crimson Acres, it's employees, representatives and agents and the property owners, Peter & Jessica Whitmore & Kenneth and Sandra Whitmore from any injury or loss resulting from my participation or connection with this Horse show/Games Night, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, employees, representatives or agents of the Horse Show/Games Nights or the property owners, Peter & Jessica Whitmore & Kenneth and Sandra Whitmore. I certify that my horse is free from contagious disease.

“Warning

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.”

I have read and fully understand the above conditions. Rider's Signature _____

Parent/Guardian's Signature _____ Owner's Signature _____

* Secretary has checked all signatures and signed off _____

Mail completed entry forms and payment to: Crimson Acres 16 Daniel Shays Highway Orange, MA. 01364

Crimson Acres Covid-19 Sign-in

Student's Name _____ Phone # _____

Today or in the past 24 hours, have you or any household member had any of the following symptoms?

- Fever (temperature of 100.0F or above), felt feverish, or chills?
- Cough?
- Sore Throat?
- Difficulty Breathing?
- Gastrointestinal symptoms (diarrhea, nausea, vomiting)?
- Fatigue? (Fatigue alone should not exclude student from participation)
- Headache?
- New loss of smell/taste?
- New muscle aches?
- Any other signs of illness?

In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)

Signature

Date