



# LP Equestrian Center Jumper Series Entry Form



Rider Name: \_\_\_\_\_ Horse Name: \_\_\_\_\_

Circle one: AA Open JR

Circle one: May 4    Sept 14    October 12

Class ID	Class Name

\*Please Use a Separate Cash/Check for Stall Cleaning Deposit, for possible return after stall inspection\*  
 (Stall Cleaning Deposit can be paid on the day of arrival.)  
 If Paying by check, please make payable to: LP Equestrian

Office Fee: 20.00	20.00
Showing from trailer: 20.00	
Stall: 40.00	
Tack Stall: 40.00	
Stall Cleaning Deposit: 25.00	25.00 cash/check
Classes: 20.00 x _____ =	
School Horse per Class: 5.00 x _____ =	
Bedding: 8.00 X _____ = (add \$1 day of)	
Late Fee: 30.00 blanket	
Other: (NC horse, fun classes, EWD)	
<b>TOTAL</b>	

Office use:	stall	bed	tack	trailer	cogg	late	return	
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MICHIGAN EQUINE LIABILITY ACT 1994 Public Act No. 351: It is a condition of entry to these shows and the show grounds of LP Equestrian Center Casco, MI, that every competitor, owner, handler, trainer, and parent agree to assume the risk of showing at LP Equestrian Center under the Michigan Equine Liability Act. By submitting an entry, a competitor further agrees that they, the owner, handler, trainer, parent, and anyone associated with exhibiting a horse at the show waives all claims against the show, show management, its volunteers, the facility, its owners, and employees for any injury to themselves attendants or horses/ponies.

PROTECTIVE HEADGEAR: All riders must wear an ASTM/SEI approved riding helmet while mounted anywhere on the show grounds. Any rider violating this rule will be immediately prohibited from further riding until a helmet is in place. LP Equestrian makes no representation or warranty, expressed or implied, about any protective headgear, and cautions riders that serious injury may result despite wearing protective headgear as all equestrian sports involve an intrinsic element of risk.

Stable with: \_\_\_\_\_

Name of Rider/Handler: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this form you agree, have read, & understand the Michigan Liability Act & The Headgear Agreement.