



OLEY VALLEY CTA CLINIC ENTRY FORM

EVENT _____ DATE _____
 RIDER _____ DOB _____
 STREET _____
 TOWN _____ ZIP _____
 PHONE # _____
 EMAIL: _____

HORSE	LEVEL/HEIGHT	ENTRY FEES
ONLY 2 VOLUNTEER CHITS PER ENTRY PLEASE. <i>Please see Clinic Info to see if Volunteer Chits are accepted.</i>		Non-member fee ~ add \$10.00
		Volunteer Voucher(s) (\$ _____)
		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 the OVCTA & United States Equestrian Federation.

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, the Oley Valley CTA, their officers, agents and employees, the host and property owners from 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.

NOTE: Parent or guardian must sign if competitor is under 18

SIGNATURE: _____

Entries will only be accepted if completed with signature, full payment and Negative Coggins Test.

Make checks payable to: OVCTA