

Class Fee	Class #	Class Name	Rider	Placing	Prize Amt
		-TOTAL CLASS FEES			
		OFFICE USE Prize Money Paid	Cheque _____	Cash____	TOTAL

PLEASE INCLUDE PROOF OF INSURANCE
Waiver on the Entry Form must be signed

Please Read Carefully

This document will affect your legal rights and liabilities.

I hereby agree to abide by the Rules and Regulations of the Queens County Fair Association. I understand that the sport of horses is a high risk sport and that I am participating at my own risk and in full knowledge that there is some element of risk that could occur and result in injury or death to the rider and/or their mount. In consideration of being allowed to take part in this event, I agree to save harmless and keep indemnified the Queens County Fair Association, organizers, and their respective agents, officials, servants and representatives from and against all claims, actions, costs and expense and demands in respect of death, injury, loss or damage to my person or property however caused, arising out of or in any connection with my taking part in this event and not withstanding that the same may have been contributed to or occasioned by the negligence of the Queens county Fair Association, their agents, officials, servants or representatives. It is understood and agreed that this agreement is binding on myself and my heirs and assigns.

Signature of Rider _____ Date _____

Signature of Owner _____ Date _____
If not the same person

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree with the terms and conditions stated herein on behalf of _____ and myself.

Signature of Parent/Guardian _____ Date _____
If rider and/or owner is under 18 years, the parent or guardian must sign above.

