

# CROSS CREEK EVENTING CLINIC

## WITH JANICE HOLMES

FRI. APRIL 30, 7-8 LECTURE SAT. MAY, 1 10-7

### ENTRY FORM

RIDER:.....JR/SR?.

ADDRESS:.....

PHONE.....E-MAIL.....

HORSES NAME:.....

LEVEL WANTING TO JUMP: CIRCLE LEVEL

GREENER THEN GRASS 12"-18"

PRE-STARTER 18"-2'

STARTER 2'-2'3"

BEG. NOVICE 2'6"-2'9"

NOVICE 2'11"

TRAINING 3'3"

TOTAL ENTRIES (PAYABLE TO CROSS CREEK) \$80.00 \$.....

STABLING \$35.00 \$.....

Release: I understand that this is a high risk activity and am participating at my own risk. I hereby assume this risk and do release Cross Creek Equestrian Center, it's owners, Janice Holmes,volunteers andemployees from all liabilityresulting from accidents, damage, injury or illness to myself and my property, including the horse or horses which I will use in this event. Warning under Ohio law an equine activity sponsor, equine activityparticipant, equine professional, veteraniar,farrier, or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that results from an inherent risk of an equine activity.

Signature:.....

Date:.....

(Parents or legal guardian must sign for riders under 18)

Mail entry to: Rebecca Meador c/o Cross Creek  
2031 Millville-Shandon Rd.  
Hamilton,Oh. 45013