



## Schooling Jumper Show

Class/Division	Name of Rider	Name of Horse	Entry Fee

Total Entry: \_\_\_\_\_

Make Checks Payable to:  
**UNH Equine Program**

**Rider Information:** PLEASE PRINT CLEARLY!!

Rider/Participant Name:	
Address:	
City/State/Zip:	
Date of Birth:	
Home Telephone:	Cell:
Parent/Guardian Name: (if rider is under the age of 18)	
Address of Parent/Guardian:	
Telephone of Parent/Guardian:	

**\*You MUST have a NEGATIVE Coggins within 6 months of show date!\***

**Please sign release on back!**

Directions:

*From I-95:* Follow I-95 to Exit 4 for in N.H. (N.H. Lakes and Mountains/Spaulding Turnpike). Continue North to Exit 6W and follow Route 4 west. Exit at Route 155A and turn left towards Durham. Follow 155A past a short stretch of field to the UNH campus. Turn Left onto Mast Rd. Follow to the Right and to the UNH Horse Barns.

*From Manchester:* Take Route 101 east to Exit 7 (Epping/Route 125). Continue north on Route 125 to the Lee Traffic Circle. Drive east on Route 4 to the Route 155A exit. Turn

right towards Durham. Follow 155A past a short stretch of field to the UNH campus. Turn Left onto Mast Rd. Follow to the Right and to the UNH Horse Barns.

**Release of Liability**

By signing this agreement, you agree that you will be participating in this competition and using the UNH facility at your own risk. Neither the University of New Hampshire nor its members, agents, or employees shall be liable for injury, death or disability suffered by you under these conditions. You specifically assent to such conditions and waive each and every claim for damages resulting from such injury, death or disability.

You agree to indemnify, defend and save harmless the University System of New Hampshire, its trustees, officers and employees from any and all claims and losses accruing or resulting from this activity. You shall provide evidence of insurance.

\_\_\_\_\_  
SIGNATURE (Parent/Guardian must sign if rider is under 18 years of age)      DATE

**Emergency Information:**

Whom to Call in Case of Emergency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Health Care Provider/Insurance #: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Alternate Emergency Contact & Telephone: \_\_\_\_\_

I hereby grant the UNH Equine Program, or their agents, the right to seek any and all emergency treatment determined necessary to protect the health and well being of the above mentioned individual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian must sign if rider is under 18 years of age)

Mail pre-entry form, check (made payable to UNH Equine Program), and **negative 6-month Coggins** to :

**UNH**  
c/o Chris Keim  
UNH Equine Center  
278 Mast Road  
Durham, NH 03824

~Please email [ckeim@unh.edu](mailto:ckeim@unh.edu) with any questions~