

Blue Goose Stable, LLC

**Cavaletti Entry Form**

Please make copies: One horse per form.

**Mail entries to:** Blue Goose Stable, LLC  
210 White Horse Rd  
Cochranville PA 19330

**OFFICE USE ONLY**

Pinney Number: \_\_\_\_\_  
Paid ck: \_\_\_\_\_  
Coggins Report: copy enclosed: Y / N  
State: \_\_\_\_\_ Accession #: \_\_\_\_\_  
Rhino / Flu Vaccination Date: \_\_\_\_\_

**2018**

**Date 12/15/2018 Time: 10:30 12:00 1:30**

<b>Horse:</b>	<b>Breed:</b>	<b>Gender:</b>	<b>Color:</b>	<b>Age:</b>	<b>Willing to Volunteer?</b>
<b>PLEASE PRINT LEGIBLE</b>					
<b>Rider:</b>					
<b>Address:</b>					
<b>Jr: Date of Birth:</b>					
<b>Phone:</b>			<b>E-mail:</b>		
<b>Owner:</b>		<b>Address:</b>			
<b>Phone:</b>			<b>E-mail</b>		
<b>Division (s)</b>	<b>Division Description Horse / Rider / Open</b>				

<b>Clinic Fee: \$40.00 / session</b>	\$
	Total Entry \$

**Warning: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.**

I/We acknowledge that equine activities are a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or un-mounted, I release and in addition hold harmless Blue Goose Stable LLC, it's owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability for negligent acts or omissions.

Signed Rider: \_\_\_\_\_ Date: \_\_\_\_\_ (Parent or Guardian, if rider is under 18)

Signed Owner: \_\_\_\_\_ Date: \_\_\_\_\_