

CVSJA
12559 Auburn Mill Rd
Glen Allen VA 23059
(804)883-3050 Telephone
(804)883-3024 Fax
email: cvsja@aol.com

VHSA # _____

EXHIBITOR REGISTRATION 2017

Name: _____ DOB: _____

Name of Parent/Guardian _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: Home/Wk: _____ Cell: _____ Email: **PRINT CLEARLY!** _____

Stable: _____ Trainer: _____

Horse(s): _____

If you are participating in TCHS Classes, please check here _____

CHECK ONE:

Professional: _____ *Junior: _____ Amateur: _____

A Junior must be 18 or younger as of December 1

If you are a VHSA member declare how you want your points recorded:

Novice Rider _____ **Novice Horse** _____ **Low** _____ **C/A** _____

Every entry shall constitute an agreement and affirmation that all participants (which include without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler, the horse for themselves, their principals, representatives, employees and agents): Shall 1. Be subject to the constitution and rules of the association and competition: 2. Agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death, and by participation that they expressly assume any and all risk of injury or loss, and they agree to indemnify and hold the competition and the officials, directors, employees, and agents harmless from and against all claims including for any injury or loss suffered during or in connection with competition, whether or not such a claim injury or loss resulted, directly or indirectly, from negligent acts or omissions of said officials, directors, employees, or agents of the competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Federation and/or the CVSJA on the official USEF accident/injury report form, effective 01/01/09 - 12/31/09.

ALL JUNIOR PARTICIPANTS AND GUARDIANS HEREBY CERTIFY THAT THE JUNIOR PARTICIPANT IS WEARING AN ASTM-APPROVED HELMET

****Signature:** _____ **Date:** _____

(Parent or guardian if participant is under the age of 18)

**** A SIGNED APPLICATION MUST BE ON FILE WITH THE SHOW SECRETARY BEFORE AN INDIVIDUAL WILL BE ALLOWED TO PARTICIPATE IN ANY CENTRAL VIRGINIA SHOW JUMPING ASSOCIATION SPONSORED EVENTS.**