



MANE GAIT EQUESTRIAN CENTER  
 100 Equus Loop  
 Natural Bridge, VA. 24578  
 brcstables@gmail.com

**COGGINS ASSESSSION #:**

**DATE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**Entry Name:**  
 \_\_\_\_\_

**MANE GAIT EQUESTRIAN CENTER**  
**Activity Release/Waiver Assumption of Risk, Waiver, and**  
**Indemnification Agreement**

In consideration of my/my daughter's/son's participation in any equine activities at the MGEC Horse Show, and SWVHJA, it's managers, employees, agents, representatives, and volunteers for any loss, damage, injury or death to person or property sustained by me/my daughter/son in equine activities by any cause whatsoever including risks inherent in an equine activity, such as, but not limited to, (1) the propensity of an equine to behave in dangerous ways which may result in injury or death to a participant of bystander, or damage to property; (2) the inability to predict an equines reaction to sound, movements, objects, persons, or animals; (3) hazards of surface or subsurface conditions, whether known or unknown; (4) the experience level of any participant; (5) a known or unknown health condition of any participant; and (6) the condition and age of the equipment or tack. I assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities, and I agree and understand that the Main Gait Equestrian Center and SWVJA shall have no responsibility whatsoever to make any examinations or inspections. I further assume all risk of, and agree to hold harmless the Mane Gait Equestrian Center, and SWVHJA, it's managers, employees, representatives, agents, volunteers from and against any and all loss, damage, injury or death to person or property, by whatever cause, including any act or omission, negligent or otherwise, on the part of the Mane Gait Equestrian Center, and SWVHJA, it's managers, employees, agents, representatives or volunteers or on the part of any other person. I hereby certify that the foregoing statements and representations are being made by me knowingly, freely and voluntarily, and I understand Mane Gait Equestrian Center and SWVHJA are expressly relying upon the foregoing statements and representatives in permitting me/my daughter's/son's participating in any equine activities.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY CONTACT NAME:**

**PHONE NUMBER:**

OWNER MANDATORY	RIDER MANDATORY
X:	X:
OWNER:	RIDER 1:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
E-MAIL:	E-MAIL:

**Office use only:**

<b>Rider 1 Name:</b>	<b>Jr./Am/Pro</b> <b>Circle One</b>
<b>Classes:</b>	

<b>Rider 2 Name:</b>	<b>Jr./Am/Pro</b> <b>Circle One</b>
<b>Classes:</b>	

<b>Number of Stalls Requested:</b>	<b># of Days:</b>	<b>@ \$35 each day</b>	
<b>Stable with or near:</b>			
<b>Total amount for Hunter/Jumper/Pleasure Classes @ \$16 each # of Classes:</b>			
<b>Total amount for all Medal Classes Entered @ \$20 each # of Classes:</b>			
<b>OR Non-Showing Horse Fee \$25 (per show)</b>			
<b>ENTRY RECEIVED ON:</b>		<b>TOTAL DUE</b>	
		<b>(Checks payable to MGEC)</b>	

**NAME OF PAYEE:**

**DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

RIDER MANDATORY	TRAINER MANDATORY
X:	X:
RIDER 2:	TRAINER:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
E-MAIL:	E-MAIL: