

OLD FIELD FARM 2018 SEASIDE HUNTER DERBY
 92 West Meadow Rd, Setauket, NY 11733



MAIL TO: Old Field Farm Seaside Hunter Derby
 Carolyn E. Vincent
 5 Mary Lane,
 Greenvale, N.Y. 11548
 Enter on line by emailing to:
 kimbeckwithwalker@gmail.com
 Fax (516) 484 1982
 For additional information: 516 297 1539

MAKE CHECKS PAYABLE TO:
 OLD FIELD FARM, LTD.

ENTRIES CLOSE JULY 5TH

Division	Name of Horse	Rider Name and Address	Age (juniors only)	Entry Fees
\$5000 3' Open Hunter Derby (\$225 per entry)				
\$2500 2' 5" Junior/Amateur Hunter Derby (\$125 per entry)				
Trainer	Email	Address	Phone	

RIDER'S RELEASE AGREEMENT

I acknowledge that I or my child will engage in horseback riding and other equestrian activities operated by Long Island Horse Shows and Old Field Farm, Ltd. at Old Field Farm County Parkland, hereinafter referred to as "the facility". I represent that I am experienced in horsemanship or it has been explained to me that equestrian activities can be dangerous and I hereby accept and assume all risks to my person or that of my child and to my personal property while engaging in such activities. I for myself or for my child, understand that the wearing of a properly fitted and SEI Certified equestrian helmet while riding or near horses may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happenings as the result of fall or other occurrences. **As such, I agree for myself or for my child that an ATSM certified helmet will be worn while riding on the premises known as Old Field Farm County Parkland.** I hereby waive, release and relinquish all rights and claims I may now or hereafter have against Old Field Farm, Ltd. and Long Island Horse Shows, Inc., Old Field Farm County Parkland and the County of Suffolk, N.Y., the owners of the land and buildings, upon which it operates their business, their servants, agents, officers and employees with respect to any or all injury to myself, my child, my horse and damage to my personal property which may arise, directly or indirectly, at the said premises while visiting or participating in any activities. This waiver and release shall bind me, my heirs and legal representatives. **By signing this release, if applicable, I am consenting to have my minor child show in saidevent.**

Owner or Authorized Agent (must sign)

Name	Entry Fees	
Address	Grandstand Buffet tickets	
	Stalls* needed @ \$ 25 per stall	# \$
City, State, Zip	TOTAL FEES	
Telephone	*NOTE: Free overnight stall if entered & showing at the Suffolk Classic Horse Show July 8 th .	
Signature		
EMAIL		

ATTENTION: PLEASE INCLUDE A SHORT BIOGRAPHY OF THE RIDER AND HORSE FOR OUR EVENT.