

cable, I am consenting to have my minor child show in said event.

June 18th, 2023 Old Field Farm Seaside Hunter Derby 92 West Meadow Rd, Setauket, NY 11733 MAIL TO: Old Field Farm Seaside Hunter Derby 5 Mary Lane, Greenvale, N.Y. 11548 MAKE CHECKS PAYABLE TO: OLD FIELD FARM, LTD.

Email to Enter Online: horseshowing.com **or Email:** kimbeckwithwalker@gmail.com For additional information: (516) 297-1539

ENTRIES CLOSE JUNE 14TH

			ORT BIOGRAPHY OF THE R			Entry Fees
Division	Name o		f Horse Rider Name and Address		Age (Juniors Only)	
\$5000 3' Open Hunter Derby (\$225 Per Entry)						
\$2500 2' 6" Junior/Amateur Hunter Derby (\$125 Per Entry)						
\$1000 2' Rosalind Schaefer Hunter Derby (\$80 Per Entry)						
Trainer:	Email:		Address:	Phone Number:		
IDER'S RELEASE AGREEMENT		Owner or Aut	। :horized Agent (Must Sign)		<u> </u>	
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 appli-		Name:		Entry Fees		
		Address:		Grandstand Table (\$25 Per Table)	es	
		City, State, Zip:			Stalls Needed	#
					(\$40 Per Stall)	\$
		Telephone:			TOTAL FEES:	
		Email:				
		Signature:				