

Bull Run Hunter Series

Coggins (s) # _____

Date(s) Drawn: _____

OFFICE USE ONLY	Name of Horse Class Number Under Name	Color	Sex	Ht.	Yr. Green		Owner's Name and Address	Rider	Check Which		Entry Fees
					1st	2nd			Adult	Jr/Give Age	

I hereby agree entry to a Bull Run Hunter Series competition shall constitute an agreement and affirmation that the owner, rider and any of their agents or representatives acknowledge that they participate voluntarily in the competition, fully aware that horse sports involve inherent danger and risk, and by participating, they expressly assume any and all risks of injury or loss, and they agree to hold the competition, Bull Run Hunt, Drew Taylor, manager, their officials, directors, employees and agents harmless for any loss suffered during or in connection with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents. I AGREE that this agreement is given in part under the Virginia Equine Activity Liability Act (3.2-6200 thru 3.2-6203 as amended and following of the Code of Virginia), which is hereby incorporated by reference.

Trainers Name: _____

Street No.: _____

City, State, ZIP Code: _____

Exhibitor's or Agent's Signature: _____

Owner's Name: _____

Street No.: _____

City, State, ZIP Code: _____

Phone: _____

Email:

pdrewtaylor@aol.com

Fax:

540.301.3619

Entry Fee: \$17 Per Class

Pre-Entry Fee: \$15 Per Class

SUB-TOTAL FEES = _____

_____ Misc. Fee @ \$ _____ = _____

TOTAL = _____

Amount of Check = _____