EHV Horse Council Horse Show Entry Form

Show Date:

Horse's Name:	TIP #:	Color:	Sex:	Hgt:	Age:

Rider:	USHJA #:	**Owner:**
Address:		Address:
Phone #:		Phone #:
Email:		Email:
Rider's Age as of Jan 1st:	Rider's DOB:	

Trainer:	Phone #:	Email:
Address:		

RELEASE, ASSUMPTION OF RISK, WAIVER AND IDEMNIFICATION

I, the undersigned, acknowledge: there is an inherent risk in equine activities that there are dangerous risks which are an integral part of equine activities, including but not limited to: the propensity of equines to behave in ways that may result in injury, harm or death to persons om or around them. An equine's reaction to such things as unfamiliar sounds, objects, persons, animals, or sudden movement can be unpredictable; hazards such as surface conditions and collisions with other equines or objects can occur, the potential to act in a negligent manner that may injure the participant or others, such as failing to maintain control over the animal or not acting within his/her ability. I, therefore, assume complete responsibility for any injury or accident incurred while a participant in any horse-related event or trail riding. I further assert that the USHJA shall not be liable for any injury, accident or death incurred resulting from the inherent risks of horseback riding. Neither I nor my representative assignees, or heirs, shall make any claims against, maintain any action against, or recover from the loss, damage or death of the participant resulting from inherent risk of an equine event or trail riding. Eastern Hudson Valley Horse Council (EHVHC), all EHVHC directors and officers, all event management and volunteers will not be responsible for any accident which may occur or be caused by any person or animal on the showgrounds.

CLASS #'s			Division Name

Entries	$ 20.00/class	x		
EHVHC members	$15.00/class	x		
Post Entry fee	$15.00			
Hunter Derby	$30.00			
Office Fee	$15.00			$15.00

EHVHC member: Y N

Total Due $

X

Rider's/Handler's Signature - Parent/Guardian if minor

X

Owner's Signature

X

Trainer's Signature

Please make checks payable to:

Eastern Hudson Valley Horse Council
3 Avery Rd, Carmel, NY 10512
845-588-5333
info@EHVHorseCouncil.org

For Office use only	Coggins:	Cash $	Rec'd by:	
	Rabies:	Check #:	Amt $:	

Back #: _____