



# Eastern Hudson Valley Horse Council

A Chapter of

## New York State Horse Council

### 2023 Horse Show Rider Registration

#### Office Use Only

EHVHC Member? Yes No

Coggins \_\_\_\_\_ Rabies \_\_\_\_\_

Date Received \_\_\_\_\_

Rider Name \_\_\_\_\_

Entry # \_\_\_\_\_

Address \_\_\_\_\_

Junior DOB \_\_\_\_\_

City \_\_\_\_\_

Name of Horse \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Owner/Trainer \_\_\_\_\_

Telephone \_\_\_\_\_

TIP # \_\_\_\_\_

E-mail \_\_\_\_\_

USHJA # \_\_\_\_\_

In consideration of the acceptance of the foregoing entry, it is understood and agreed that I/we are aware of the risks and exposures to personal injury involved through horsemanship activities and I/we hereby release the Eastern Hudson Valley Horse Council (EHVHC) and all officers and members thereof, from any and all claims for damage which may occur to me or my horse at any time hereafter. Neither myself, my heirs, representatives, or dependents will charge said organization, its officers or members with any fault for any injury, loss, or damage which may be suffered by me or them due to any manner, thing or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any injury or damage to myself, family members, livestock, and equipment while attending an event sponsored by this organization. I also hereby agree to allow Eastern Hudson Valley Horse Council to use any photographs taken during the event for the organizations advertising purposes. **ASTM HELMETS ARE REQUIRED FOR RIDERS 18 AND UNDER, and are highly suggested for ALL riders.**

Signature of Rider \_\_\_\_\_

Date of Show \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

E-mail pre-entry form, copy of current Coggins and Rabies Certificate to [EHVHorseCouncil@gmail.com](mailto:EHVHorseCouncil@gmail.com). Pre-entries can pick up their numbers at the registration booth at the show. Copies of current **Rabies** and **negative Coggins** (both dated within one year of event) must be sent with pre-entries or presented before the start of each show. NO EXCEPTIONS!

*Unless otherwise noted, price per class is \$15 for Members or \$20 for Non-Members.*

Class Numbers			Division Name

Total Entry Fee's	
EMT Fee	\$10.00
Post-Entry Fee \$10	
Total	

**Note: Any and all refunds are made by mail and are subject to a \$15 office fee.**

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Paid Cash \_\_\_\_\_ Paid Venmo \_\_\_\_\_ Paid Check # \_\_\_\_\_ Received By \_\_\_\_\_