

ST. JOHNS COUNTY HORSE COUNCIL SHOW REGISTRATION FORM

Contestants must fill out a registration form for each rider/horse team.

All pre-registrations must be mailed with payment to PO BOX 538 Hastings Fl. 32145

Contact Person: Ali Smith, President nikkisham@windstream.net or 904 588 8017

Exhibitor # _____ Stall # _____ First SJCHC Show? YES / NO
Exhibitor Name _____ High Point Division _____
Horse's Name _____ SJCHC Member: YES / NO
Owner's Name _____ Emergency Contact Number () _____
Address _____
County _____ Total number of classes entered _____

Class # _____ Class Name _____
Class # _____ Class Name _____
Class # _____ Class Name _____
Class # _____ Class Name _____
Class # _____ Class Name _____
Class # _____ Class Name _____
Class # _____ Class Name _____
Class # _____ Class Name _____
Class # _____ Class Name _____

Registration postmarked by March 24th- SJCHC Members: \$8 per class. Non-Members: \$10 per class.

Registration after March 24th- SJCHC Members: \$10 per class. Non-Members: \$12 per class.

If you question your membership status please contact Laurie Newman

laurieandpoco@gmail.com

\$ _____ Per class X _____ # Classes = \$ _____

\$ 10 Stall Fee X _____ # of Stalls = \$ _____

Total \$ _____ **MUST ACCOMPANY RELEASE FORM**

Paid: Check # _____ Cash _____

RELEASE FORM

I, the undersigned, wish to participate in the St. Johns County Horse Council, Inc. Open Horse Show April 11, 2015 at the SJC Equestrian Center Smith Rd Hastings, FL. I understand that during portions of this event I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility, and the activities in which I will be engaged. In consideration of the St. Johns County Horse Council, Inc. allowing my participation in this event, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge St. Johns County Horse Council, Inc., which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of St. Johns County Horse Council, Inc. I shall not bring any claims, demands, legal actions or causes of action against St. Johns County Horse Council, Inc. for any damage or loss due to bodily injury, death or property damage arising out of my participation in this event.

WARNING: Under Florida law, an equine sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Participants Name: _____

Signature: _____ Date: _____

Jr. Rider's Birth date: _____

Legal Guardian's Name: _____
(If Participant is under 18 years of age)

Guardian's Signature: _____ Date: _____
(If Participant is under 18 years of age)