RIDE AND DINE FEBRUARY 13, 2016 from 10-4

SJC EQUESTRIAN CENTER - SMITH RD HASTINGS, FL 32145

MAIL ENTRY WITH COPY OF CURRENT COGGINS AND SIGNED RELEASE FORM TO:

ST JOHNS COUNTY HORSE COUNCIL - PO BOX 538 HASTINGS, FL 32145

Rider:		Horse:			
Address:		City:	Stat	e:Zip):
	Owner				
Email Address:					
NEGATIVE C	OGGINS REQUIRED HELMETS ENCO	OURAGED FO	OR ALL/ REQUIRED FOR	RIDERS UI	NDER 17
Tina Sommer/	Session I		AUDITORS FREE		
Beverly Foster	Intro to Position & Balance: Walk/T	rot			
Tina Sommer/	Session II		MEMBER FEE	\$30 X	=
Beverly Foster	Position & Balance: Poles, Cavaletti, C	anter			
			NON-MEMBER FEE	\$33 X	=
Ginger DuPont/	Session I		DINNER	\$10 X	=
Michelle McGee	Jumping for Experienced Riders & Hor	ses			
Ginger Dupont/	Session II		STALL FEE	\$10 X _	=
Michelle McGee	Jumping for Novice Riders and/or Ho	orses	Bring Your Own Shavings		
	*CHOOSE TWO FROM THE LIST ABO	VE		TOTAL	
	CALL TO RESERVE STALL 904-501-331	13	Auditors Free		

Suggestions for Sessions:

For Jumpers: Novice Riders and/or horses – Tina and Beverly Session I / Ginger and Michelle Session II Intermediate Riders and horses – Ginger and Michelle Session I / Tina and Beverly Session II Contact Ginger @ 904-315-8038 or Michelle @ 904-669-3250 for any questions about Sessions

Cross Training for other disciplines: Tina and Beverly Session I / Ginger and Michelle Session II Ginger and Michelle Session I / Tina and Beverly Session II Tina and Beverly Session I and Session II

starlightfarm2001@earthlink.net

* Clinicians reserve the right to place participants where they are most appropriate

MEMBERSHIP REGISTRATION AVAILABLE

PLEASE SIGN ATTACHED RELEASE FORM

COME RIDE WITH US!!

Please contact Terri 904-501-3313 or starlightfarm2001@earthlink.net with any questions

RELEASE FORM

I, the undersigned, wish to participate in the Ride and Dine February 13, 2016 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 (SJCHC), 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., or the SJC Board of County Commissioners (BCC), 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, a participant in equine activities i			liable for an injury to, or the death o ities.	f, a
Signed:	-	-		
Participant:		_ Date:		
Jr. Riders birth date	Legal Guardian_			