

**Stall**  
# \_\_\_\_\_



**Rider**  
# \_\_\_\_\_

# SJCHC Halloween Hunter Jumper Show Entry Form

St. John's County Equestrian Center • 8200 Smith Road • Hastings, FL • 32145

Contact: Tina Sommer (904) 806-8117 or Diane Musil (904) 707-6015

[sjchc.hunterjumpershow@gmail.com](mailto:sjchc.hunterjumpershow@gmail.com)

Saturday, October 29, 2016 ~ First Class begins at 9:00 am

**\*\*One Entry Form per Horse/Rider Combination\*\***

PLEASE PRINT:

(Circle) Horse / Pony Name/pronunciation: \_\_\_\_\_

Rider Name/pronunciation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a 4-H member? (Circle) Y N Rider Age as of September 1, 2016: \_\_\_\_\_

County: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

IN CASE OF EMERGENCY, WHOM MAY WE CONTACT?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ At Event? (Circle) Y N

REGISTRATION:

A signed registration form & waiver with an open check/or cash must be given to Registration BEFORE exhibitor numbers are issued. Grounds fee is required of each entry. Pre-Entries MUST Be Submitted By MIDNIGHT of Friday, October 21<sup>st</sup>. Email Pre-Entries to: [sjchc.hunterjumpershow@gmail.com](mailto:sjchc.hunterjumpershow@gmail.com) Each Pre-Entry must include a completed & signed Entry Form and Waiver. Stall reservations must be prepaid with a separate stall reservation form and must be reserved by Friday, October 21<sup>st</sup>.

*Please circle class numbers this exhibitor will be participating in:*

Red/Blue 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20  
21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

FEES:

- \$ 13.00 Pre-Entry Fee x \_\_\_\_\_ # of Classes \$ \_\_\_\_\_
- \$ 10.00 Pre-Entry Fee (4-H Member) x \_\_\_\_\_ of Classes \$ \_\_\_\_\_
- \$ 15.00 Show Day Class Entry Fee x \_\_\_\_\_ # of Classes \$ \_\_\_\_\_
- \$ 12.00 Show Day Class Entry Fee (4-H Member) x \_\_\_\_\_ of Classes \$ \_\_\_\_\_
- \$ 10.00 Red/Blue Schooling (One per horse/rider combination) \$ \_\_\_\_\_
- \$ 10.00 Grounds Fee (Applies to ALL exhibitors on grounds) \$ \_\_\_\_\_
- \$ 15.00 Schooling-Only Fee (Riders *not entered in classes* but schooling on property) \$ \_\_\_\_\_
- \$ 40.00 Division Sponsorship\* \$ \_\_\_\_\_
- \$ 100.00 Show Sponsorship\* \$ \_\_\_\_\_

\*Contributions or gifts to SJCHC are tax deductible as charitable contributions for Federal Tax purposes.

*Please make checks payable to: St. Johns County Horse Council Total Due \$ \_\_\_\_\_*

Exhibitor agrees to abide by all USHJA and St. Johns County Horse Council (SJCHC) event rules & regulations and Florida Livestock Health Regulations & Requirements Section 5C4.005. Exhibitor assumes all risk and responsibility and does not hold the St. Johns County Horse Council, or Volunteers liable for any loss.

Rider signature: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

Rider name (print): \_\_\_\_\_ Parent/guardian name (print): \_\_\_\_\_

**PAYMENT RECEIVED: CASH \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_**



## Release Form

I, the undersigned, wish to participate in the St. Johns County Horse Council Halloween Hunter Jumper Show on Saturday, October 29, 2016 at the SJC Equestrian Center located at 8200 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. and the SJC Board of County Commissioners 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. and the SJC Board of County Commissioners, 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. and the SJC Board of County Commissioners. 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 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.

Signed: \_\_\_\_\_

Participant Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Jr. Rider's Birth date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

(If Participant is under 18 years of age)