

**ST. JOHNS COUNTY HORSE COUNCIL SHOW REGISTRATION FORM**

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

Exhibitor Name \_\_\_\_\_ **High Point Division** \_\_\_\_\_

Horse's Name \_\_\_\_\_ SJCHC Member \_\_\_\_\_

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 \_\_\_\_\_

SJCHC members \$75 ALL DAY \_\_\_\_\_ NON-Members \$85 ALL DAY (includes membership fee) \_\_\_\_\_

SJCHC members \$25 per class \_\_\_\_\_ NON-Members \$25 per class PLUS \$10 membership fee \_\_\_\_\_

**Total \$** \_\_\_\_\_

Cash / Check / Charge **ENTRY FEES** (*make payable to SJCHC*)

PO Box 538 Hastings, FL 32145

- Pre-registration must be received by April 7, 2025
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**RELEASE FORM**

I, the undersigned, wish to participate in the St. Johns County Horse Council, Inc. Open Horse Show April 12, 2025 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.

By signing this form, I agree to follow all rules and regulations of the SJCHC as pertains to the use of and conduct at the Equestrian Center located at 8200 Smith Rd. Hastings, FL.

**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)