

ST. JOHNS COUNTY HORSE COUNCIL OPEN SHOW April 19, 2026
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 \$35 per class (includes Membership Fee) _____

Grounds Fee \$5 _____

Total _____

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

- Register online @sjchc.org

▪

RELEASE FORM

I, the undersigned, wish to participate in the St. Johns County Horse Council, Inc. Open Horse Show November 29, 2025 at the Star 4 Equestrian 4300 C208 St Augustine, FL 32092R 208 St Augustine, FL 32092. 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. J4300 ohns 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 Star 4 Equestrian 4300 CR 208 St Augustine, FL 32092

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.

- Participant Name: _____
- Signature: _____ Date: _____
- Jr. Rider’s age on September 1, 2025 _____
- Legal Guardian’s Name:

(if Participant is under 18 years of age)
- Guardian’s Signature: _____ Date: _____
(if Participant is under 18 years of age)