

Tymor Eq Center - EHV Horse Council Horse Show Entry Form

Show Date: _____

Horse's Name:		Color:	Sex:	Height:	Age:
Rider:		Owner:			
Address:		Address:			
Phone #:		Phone #:			
Email:		Email:			
Rider's Age as of Jan 1st:	Rider's DOB:				
Trainer:	Phone #:		Email:		
Address:					

RELEASE, ASSUMPTION OF RISK, WAIVER AND IDEMNIFICATION

I, the undersigned, acknowledge: there is an inherent risk in equine activities that there are dangerous risks which are an integral part of equine activities, including but not limited to: the propensity of equines to behave in ways that may result in injury, harm or death to persons on or around them. An equine's reaction to such things as unfamiliar sounds, objects, persons, animals, or sudden movement can be unpredictable; hazards such as surface conditions and collisions with other equines or objects can occur, the potential to act in a negligent manner that may injure the participant or others, such as failing to maintain control over the animal or not acting within his/her ability. I, therefore, assume complete responsibility for any injury or accident incurred while a participant in any horse-related event or trail riding. I further assert that the Town of Union Vale shall not be liable for any injury or death incurred resulting from the inherent risks of horseback riding. Neither I nor my representative assignees, or heirs, shall make any claims against, maintain any action against, or recover from the loss, damage or death of the participant resulting from inherent risk of an equine event or trail riding. Eastern Hudson Valley Horse Council (EHVHC), all EHVHC directors and officers, all event management and volunteers will not be responsible for any accident which may occur or be caused by any person or animal on the showgrounds.

CLASS #'s			Division Name

Entries	\$ 15.00/class	x		
Day fee - max 10 classes	\$65.00			
Post Entry fee	\$15.00			
Hunter Derby	\$25.00			
Obstacle Jackpot	\$25.00			
Obstacle Course	\$15.00	x		
Office Fee	\$15.00			\$15.00

X _____

Rider/Handler Signature - Parent/Guardian if minor

X _____

Owner Signature

X _____

Trainer Signature

For Office use only	Coggins:	Cash	Amt:	
	Rabies:	Check #:	Rec'd by:	

Total Due \$ _____

Please make checks payable to:
 Eastern Hudson Valley Horse Council
 3 Avery Rd, Carmel, NY 10512
 845-588-5333
 info@EHVHorseCouncil.org

Back #: _____