



SCRHA Registration Form ****ALL information must be completed before entry is accepted**** SCRHA Member: Y N

Class	Fee	Class	Fee	Class	Fee	Class	Fee	Class	Fee

Entry Total: _____

You may mark "SAME" on any addresses or names that are duplicated

Horse Information		Rider Information Back Number:		Owner Information	
Name:		Name:		Name:	
Farm/Stable Address:		Address:		Address:	
City:		City:		City:	
State:	Zip:	State:	Zip:	State:	Zip:

Authorizing Agent (person paying entry fee)		Trainer Information: License #:	
Name:		Name:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:

The owner/rider/agent agrees to abide by all of the rules and regulations set forth by SCRHA and agrees that any and all horses within his/her care shall be free from infection, contagious or transmittable disease, and is accompanied by a current negative Coggins test. SCRHA reserves the right to refuse any horse that is not accompanied by a current negative Coggins, is not in proper health or is deemed

dangerous or undesirable. Through the *Equine Activity Liability Act 3.1-796.130 through 3.0-796.133 of the Code of Virginia, 1950* recognize that participation in equine activities can cause injury or death and hereby enter this event at my own risk. Therefore I release the Scott County Horse Park and Campground, the Scott County Regional Horse Association, its members, and employees from any liability for injury or death caused by my participation in a sponsored or sanctioned equine activity or event. The Park and the Association are not responsible for neither stolen or damaged property nor injury or loss to horses exhibited. ****The Scott County Regional Horse Association and affiliates strongly recommend that any juvenile rider (17 and under) wear protective headgear while riding.**

Signature: _____

Juvenile: ____ Yes ____ No Signature of parent/guardian: _____