

ONE primary rider per sheet

SCRHA Pre-Registration Form

****ALL information must be completed before entry is accepted****

SCRHA Member: Y N ISHA Member: Y N *you may mark "SAME" on any addresses or names that are duplicated*

Rider must be a current SCRHA Member to receive member entry fee and points for year-end awards

Rider Name			Generation Gap Class-Second Rider Name			Trainer Information			Authorizing Agent		
Address:			Address:			Address:			Address:		
City:			City:			City:			City:		
State: Zip:			State: Zip:			State: Zip:			State: Zip:		

Class # (up to 6 classes per horse)			Back Number	Horse	Owner Information		
			<u>Back Number</u>	Horse's Name:	Owner Name: City:		
					Address: State: Zip:		
			<u>Back Number</u>	Horse's Name:	Owner Name: City:		
					Address: State: Zip:		
			<u>Back Number</u>	Horse's Name:	Owner Name: City:		
					Address: State: Zip:		
			<u>Back Number</u>	Horse's Name:	Owner Name: City:		
					Address: State: Zip:		
			<u>Back Number</u>	Horse's Name:	Owner Name: City:		
					Address: State: Zip:		
			<u>Back Number</u>	Horse's Name:	Owner Name: City:		
					Address: 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*, I recognize the intrinsic dangers associated with equine activities and 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, employees and volunteers 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 ALL riders wear ASTM/SEI certified protective headgear while riding. **

Signature: _____

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

Office Use: Entry Total
