

FLEET EQUESTRIAN CENTER HORSE SHOW ENTRY FORM

v'd by

Rider Name	Dob/Age
------------	---------

Address _____

Email _____ Phone _____ Emergency Phone _____

Parent/Guardian Name _____ Emergency Contact _____

[illegible]

Farm Location	Farm Name
---------------	-----------

Class #	Class Name
---------	------------

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Total # of Classes _____

\$10 Per Class \$

\$95 10+ Classes \$_____

MAKE CHECKS PAYABLE TO: If Wishes Were Horses

TOTAL AMOUNT \$_____ **Entry Date** _____ **Check #** _____

The undersigned agree to hold harmless Fleet Equestrian Center, LLC, If Wishes Were Horses, Inc, its agents, board members, volunteers, & guests, against any form or claim of injury, theft, loss, or damage to person(s) or property.

UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA."

Participant Signature _____ Date _____

Parent/Guardian Signature (18/-) _____ Date _____