

Back Number (stays w/ Rider)

FLEET EQUESTRIAN CENTER HORSE SHOW ENTRY FORM

Coggins Pull Date \_\_\_\_\_

v'd by \_\_\_\_\_

**Exhibitor Information**

Rider Name \_\_\_\_\_ Dob/Age \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**Horse Identification**

Horse Name \_\_\_\_\_ Owner Name \_\_\_\_\_

**Horse Owner Information**

Farm Location \_\_\_\_\_ Farm Name \_\_\_\_\_

Class #	Class Name	Horse (in case there are multiple)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total # of Classes \_\_\_\_\_

\$10 Per Class \$\_\_\_\_\_

**MAKE CHECKS PAYABLE TO: If Wishes Were Horses**

TOTAL AMOUNT \$\_\_\_\_\_ Entry Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_ Venmo \_\_\_ PP \_\_\_ CA \_\_\_ Zelle \_\_\_\_\_

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 \_\_\_\_\_