SILVER HEELS RIDING CLUB,INC. 2018 ENTRY FORM

Show Date(a form must be filled out for		Member	Yes No	(circle one)		Horse/Rider #	
•	*			Phone #			
Address		<u></u>		Rider's Date	e of Birth	-	
City/State/Zip				E-mail Add	ress		
Horse's Name				Breed		Reg #	
Horse's Owner			Horse's Age as of 1/1/19				
Class							
Entry Fee X S ECRRA classes (member Championship Classes _ Trophy Fee \$4.00	ers)X \$14.00	ENTRI	ES MUST		Y FRIDAY l to:	Y TO AVOID POST ENTRY FEE SHRC Entries 257 Central Road Rye, NH 03870	
Post Entry Fee \$15.00		gwow.					
Total	\$	SHOW BILLS NOT CLOSED OUT WILL INCUR A \$10.00 OFFICE FEE RETURNED CHECKS WILL INCUR ALL BANK FEES					
Riding Club, Inc. (hereafter S occasioned or loss occur, by further agree to forfeit and pa infectious disease. I further agthe negligence of persons in consideration of the accomight have or which may her officials and their respective a occasionally can or may occu Knowing the risks in this type	HRC) and to abide by all regulations fire or otherwise to the equine(s) exhibit to SHRC the sum of \$500.00 per algree to hold SHRC harmless from an charge of such equine(s) and to repay the eafter occur to me, as a result of my pagents, assigns, and employees, from	of the event and any bited or to any vehicl nimal, as and for liqui- y claim or demand of SHRC on demand al waive, release & disc participation in this ed any negligence or ca cipants in equine ever ertheless, I hereby ag	other rules are or other and dated dama, whatever kill damages it harge any arquine event. The relessness of the same sustants are to assume the other thanks of the rules are to assume the other thanks of t	and regulations in-effecticle that I may send we ges if any animal that I and or nature that may be may sustain by reason deall claims for damage. This release is also to a the persons or entities in mortal or serious in the those risks.	et. Further, lith such equith such equith may exhibite occasione of any claimes or death, discharge in mentioned	nine(s), that I will make no claim therefore. I it is suffering from any contagious or ed by the equine(s) exhibited by me and/or	
Date (mm/dd/yy)	Print Name			Signature (If Exhib	itor is und	ler 18, Legal Guardian must sign)	