

Silver Heels Riding Club



Please return this form In Person (day of show), by mail or by email.

Email to: SHRCENTRIES@YAHOO.COM

Mail To: SHRC, 62 Calef Highway, Unit 109, Lee, NH 03861

2024 ENTRY FORM

Show Date _____
(fill one out for each show)

Member YES / NO (circle one)

Horse / Rider Back # _____
(assigned at first show)

Rider's Name _____
Address _____
City / State / Zip _____

Rider's Phone # _____
Email Address _____
Rider's Date of Birth _____

Horse's Name _____
Horse's Owner _____
Trainer / Barn _____

Horse's Date of Birth _____
Horse's Age as of 1/1/24 _____
Breed _____ Reg # _____

CLASSES: _____

Member Class Fee \$13 x _____ (# of classes) = \$ _____
Non Member Class Fee \$15 x _____ (# of classes) = \$ _____
Office Fee (\$10.00) \$ _____
Post Entry Fee (\$15.00) \$ _____
Truck In Non Showing Fee (\$25.00) \$ _____
Total \$ _____

Payment _____ cash _____ check _____ PayPal
(PayPal will incur a 3% processing charge)

ENTRIES MUST BE RECEIVED BY 8:00 P.M. WEDNESDAY TO AVOID POST ENTRY FEE

SHOW BILLS NOT CLOSED OUT WILL INCUR A \$10.00 OFFICE FEE.

RETURNED CHECKS WILL INCUR ALL BANK CHARGES

I hereby certify that every horse, pony, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the by-laws of the Silver Heels Riding Club, Inc. (hereafter SHRC) and to abide by all regulations of the event and any other rules and regulations in-effect. Further, I agree that if any damage shall be occasioned or loss occur, by fire or otherwise to the equine(s) exhibited or to any vehicle or other article that I may send with such equine(s), that I will make no claim therefore. I further agree to forfeit and pay to SHRC the sum of \$500.00 per animal, as and for liquidated damages if any animal that I may exhibit is suffering from any contagious or infectious disease. I further agree to hold SHRC harmless from any claim or demand of whatever kind or nature that may be occasioned by the equine(s) exhibited by me and/or the negligence of persons in charge of such equine(s) and to repay SHRC on demand all damages it may sustain by reason of any claim or demand as aforesaid. In consideration of the acceptance of this application, I hereby waive, release & discharge any and all claims for damages or death, personal injury or property damage which I might have or which may hereafter occur to me, as a result of my participation in this equine event. This release is also to discharge in advance, the promoters, sponsors, SHRC officials and their respective agents, assigns, and employees, from any negligence or carelessness on the persons or entities mentioned above. I understand that serious accidents occasionally can or may occur during equine events and that participants in equine events may sustain mortal or serious injury, and or property damage, as a consequence there of. Knowing the risks in this type of event and or equine activity, nevertheless, I hereby agree to assume those risks.

(Equine Law: MA-MGL Chapter 128, Section 2D ME-Title 7: Chapter 743, Section 3 NH-NH Bill 793, 508:19)

Date (mm/dd/yy) _____ Print Name _____

Signature (If Exhibitor is under 18, Legal Guardian must sign) _____