

Show Date _____

Coastal Hunter Circuit

#(office use)	Horse					Rider						
											Age: _____	
	color	sex	ht.	age	green	Classes						

Owner Information	Rider Information
Owner Name _____	Rider Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Email _____	Email _____

Trainer Information	Fees
Trainer Name _____	Division _____ @ \$30.00 _____
Address _____	Classes _____ @ \$15.00 _____
City/State/Zip _____	Stall _____ @ \$25.00 _____
Phone _____	CHC Fee _____ @ \$5.00 _____
Email _____	Late fee _____ @ \$20.00 _____
	A signed check must be left in office before numbers will be issued

Every entry at this show and execution of this entry blank shall constitute an agreement and affirmation that the person making it, along with the owner, leasor, manager, agent, coach driver, and rider of the horse: (1) shall be subject to the constitution and all other rules and regulations of the association as well as the local rules of the show. (2) that every horse and/or rider is eligible as entered. (3) that the owner of any of his/her representatives are bound by the constitution and all other rules and regulations of the association and the show will accept as final the decision of the Hearing Committee on any questions arising under said rules and agrees to hold the association, the show, and their officials, directors, employees, and agents harmless for any injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials directors, employees, or agents of the association of the association or show. (4) that the management and tenants of the stable where the show is held shall not be responsible for loss damage, or injury to spectator, exhibitor, tack, trailers or automobiles, The construction or application of association rules is governed by the laws of the State of South Carolina.

I further agree that if any damage shall be occasioned or loss occur, by fire or otherwise, to horses exhibited or to any vehicle or other article that I may send with such horse, that I will make no claim therefore; and I further agree to hold this show harmless from any claim or demand whatsoever kind or nature that may be occasioned by the horse or horses exhibited by me or the negligence of the person in charge of such horses, and to repay to this show on demand, all damages it may sustain by reason of any claim or demand as aforesaid. I hereby represent and agree that in the event that entry or entries hereby made is made for and on behalf of a person who is a minor, I have full authority and privilege from such person to make such entry for and on behalf of that minor.

Owner : Name _____ Signature: _____ Parent Sig if minor _____	Rider: Name _____ Signature: _____ Parent Sig. if minor _____	Trainer: Name _____ Signature: _____
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WARNING: UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY. PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.