

Orange County Horse Council

Rabies

P.O. Box 522, Goshen, NY 10924

Coggins

\$12

\$2

Office Fees

TOTAL

2024 Registration

Rider Name				Name of Horse				
Address				Cit	ity			
State	Zip	Email		Ph	one			
Emergency Contact				En	nergency Contact Phone			
This LIABIL Inc., referr participati the OCHC, representa serious inj horse or n trustees, eclaims, sui of such ho attorney for the above non-assign this state.	LITY RELEASE AND red to as OCHC and on and use of facil, and the participal atives, hereby exprury and death can myself or to any exemployees and volots, or damages of vises and I agree to ees incurred arisin and agree to abid hable and non-tran	EXPRESS ASSUMP: I their Board Membities at the OCHC string landowners (ressly agree to the occur. I understan quipment that I munteers, or agains whatsoever kind o indemnify and holg out of any injury e by all OCHC and	TION OF RISK is morers and Participar sponsored event a County of Orange following: I unders d that participatio ay use or send to t County of Orang r nature that may d harmless these of to any person or New York State H	nt, and if participant is and on all future dates, 211 Rt. 416, Montg stand that the sport of the participant is use, I will make not be occasioned by the organizations and ind damage to any properorse Council rules, point of the participant in the properorse Council rules, point of the participant is and individually and the properorse Council rules, point of the participant is and individually properorse Council rules, point of the participant is and individually properorse council rules, point in the participant is and individually propered to the participant is and the participant is an and the participant is an another participant in the participant is an another participant is an another participant in the participant in the participant is an another participant in the part	this day by and bet is a minor, Participan is, with regards to the omery NY 12549), If horseback riding an involves necessary is claim against the Or hold the aforementic horses used by me ividuals against all like erty caused by me, no licies and specificat	the ween Orange County He's parent or guardian. I we use of property, facilically Participant his/her heir and driving is inherently risks. I agree that if any CHC, and/or any of the ioned free and harmles or the negligence of the ability claims, suits and my horses or attendants ions for this type of even forced and interprete	In returities and s, assignments danger injury e office is from e person expension. I fully ent. The	rn for today's and services of gns and legal rous and that occurs to my ers, directors, any liability, ons in charge ses, including y understand his contract is
Name of Rider (print)				Riders Age				
Name of Parent/Guardian (print)				Signature of Parent/Guardian		Date		
Copies of	negative coggins	and rabies, date	d within one yea	r of event, must be	presented at time	of registration. NO EX	XCEPT	IONS!
DIVIS	SIONS	Dash	Drop the	·	Crawl thru	Entry Fee/Rui	n	Total

Paid Check #

Email pre-registrations to ochcny@outlook.com

Leadline)

Please make checks

payable to Orange

County Horse Council

Note: There will be a \$25 service fee on all returned checks. Refunds are made by mail.

Paid Cash

Received by