

Rider Name

## Orange County Horse Council P.O. Box 522, Goshen, NY 10924

Rabies

Name of Horse

Coggins

## 2024 Registration

Address					City			
State	Zip	Email		Ph	one			
Emergency Contact				Em	Emergency Contact Phone			
nc., referr participation the OCHC, representa serious inju- horse or natrustees, e claims, sui- of such hon attorney fo the above non-assign this state.	ed to as OCHC and on and use of faciliand the participal atives, hereby expruyers and death can expensel for to any expression of the contract	their Board Mem ities at the OCHC ting landowners ( essly agree to the occur. I understar quipment that I m unteers, or agains whatsoever kind of indemnify and ho g out of any injury e by all OCHC and	PITION OF RISK is made bers and Participant, sponsored event and (County of Orange, 2 following: I understand that participation in ay use or send to use County of Orange. For nature that may be ald harmless these orgy to any person or dar New York State Horsed and entered into a sponsored in the second county of Orange.	and if participant is on all future date: 11 Rt. 416, Montg nd that the sport o n equine activities ie, I will make no I further agree to occasioned by the anizations and ind mage to any prope e Council rules, po	s a minor, Participan s, with regards to th omery NY 12549), I f horseback riding a involves necessary is claim against the O nold the aforementi horses used by me ividuals against all li- erty caused by me, r licies, and specificat	t's parent or guardiar e use of property, far Participant his/her he and driving is inherent risks. I agree that if an CHC, and/or any of to oned free and harml or the negligence of ability claims, suits ar my horses or attendar ions for this type of o	n. In ret cilities a eirs, assely dang ny injur he officiless fro the pernd expents. I fuevent.	urn for today' and services of signs and legaterous and that y occurs to m eers, directors m any liability sons in charg nses, includin Ily understan This contract if
Name of Rider (print) Signature of Ri						Date		
Name of	Parent/Guardian	(print)	Signature of Parent/Guardian			Date		
Copies of	negative coggins	and rabies, date	d within one year o	f event, must be	presented at time	of registration. NO	EXCEP <sup>-</sup>	ΓΙΟΝS!
	IONS	Dash	Pole Bending	Navajo	Cloverleaf	Entry Fee/Ru	ın	Total
Sook Ad Jur	Junior (ribbons)					\$12		
Adult (ribbons)						\$12		
Junior (3D payout)						\$12		
Senior (3D payout)						\$12		
Open (3D payout)						\$12		
Exhibition Runs						\$5 each		
		Helen Twist (twisted Dash) Fundraiser				\$10		
SPECIAL		Don Maney Run (Figure ∞)					\$10	
		Montana Keyhole Fundraiser				\$10		
Please make checks						Office I	Fees	\$2
payable to Orange			Paid Cash Paid Check #			TC	OTAL	
County Horse Council			Received by				· · - L	

## Email pre-registrations to <a href="mailto:ochcny@outlook.com">ochcny@outlook.com</a>

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

Received by