

## **Orange County Horse Council**

P.O. Box 522, Goshen, NY 10924

## 2025 Registration

	VE	12	VIS										Rabies	Со	ggins	
Rider Name Address										Name of Horse						
										City						
State Zip	Em	Email								Phone						
Emergency Contact										Emergency Contact Phone						
ASSUMPTION OF RISK is madembers and Participant, and Participant, and Participant, and Participant, and Participant and Participant and Participant I may use or send to gainst County of Orange. If an arrange that I may be occarred to any person or darned New York State Horse and entered into in the property of a member but still want to the participant of the property of the prop	and if pand on all ange, 21 derstanction in equese, I winder assioned I izations ange to a Council Ine State Horse Co	orticipoliticity futual	pant is a ure dat 416, Not the special activition of the to hold the to hold property, policie w York I memb	a minor es, with Montgor ort of hies invoclaim and the afes used uals agay causees, and standsher? Sho	, Participn regards mery NY orseback lives necespainst the orement by me on inst all lid by me, specificat all be enfw w proof a	ant's to 1254 ridir essar e OC one the abilit my h ions orce and g	s parer the us 19), Pang and y risks HC, ar d free neglig ty clain norses for th d and get tha	nt or se of driving and lagence ms, or a is ty inte	r guard of proportions is if gree the or any content any content suits any attenda pe of e or pretective fee	ian. In rety, fa is/her hanherent at if any of the oess from e persond expents. If the vent. Til under remove	eturicilities eirs, ely da rinju fficer any ens in enses elly unis controlle la controlle la controlle electrical enses ellectrical electrical	n for to es and assigns ngerou ry occu cs, direct liability charge , includendersta ontract	day's participation and uservices of the OCHC, as and legal representatives and that serious injuryers to my horse or myselfactors, trustees, employees, claims, suits, or damage of such horses and I aging attorney fees incurrend the above and agree is non-assignable and no	ise of and or the same of the	of facilities at the participation of the participa	
Name of Rider (print) Rider Signat									nature	!				ate		
Name of Parent/Guardian	n (print)					— 1	Paren	t/Gı	uardiaı	ian SignatureDate						
opies of negative coggin	s and ral	oies,	dated	within	one year	of e	vent,	mus	t be pr	esente	d at	time of	registration. NO EXCEP	IOIT	NS!	
DIVISIONS	[	Dasl	h	Pole	Bendi	ng	Na	ava	jo	Clo	ver	leaf	Entry Fee/Run		Total	
ਤੂੰ Junior (ribbons	5)												\$1	2		
Junior (ribbons) Adult (ribbons)	)												\$1	2		
Junior (3D payout)	)				$\Box$						$\overline{\square}$		\$1	2		
Senior (3D payout	)				П								\$1	2		
Open (3D payout)											$\overline{\Box}$		\$1	2		
Exhibition Runs													\$5 eac	h		
SPECIAL				Heler	n Twist	\$1	0									
Please make checks					Maney	\$1	0									
payable to Orange				Mon	tana K	\$1	LO									
Paid Cash Paid Check # Received by										Office Fee	_	\$2				
											TOTA		· .			
											L					

Email pre-registrations to ochcny@outlook.com

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