

Pasco Horsemen's Association Entry Form

Exhibitor Name _____ DOB _____ Phone Number _____ Email _____ Horse Name _____ Exhibitor PHA Member: Yes _____ No _____	Office Use Only Exhibitor Number _____ \$10 Per Class Member \$ _____ \$15 Per Class Non PHA Member \$ _____ Grounds/Office Fee \$15.00 Paypal Use Charge 4% \$ _____ Total Paid \$ _____ Paid By _____
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I understand that horseback riding and related activities are dangerous and involve the risk of serious injury and/or death, and/or property damage, including injury and/or death to the horses, spectators and others. I agree any activity engaged in will be done at my own risk. I release and hold property owner, all agents, members, sponsors, promoters, volunteers, other riders, horse owners, for all liability for negligence or otherwise. I assume full responsibility for the risk of bodily injury, illness, death of myself and /or horses while on the premises or engaged in equestrian activities. I agree this Release/Waiver is intended to be as broad and inclusive as is permitted by law of the state of Florida. I have read and voluntarily signed and further agree that no oral representation, statements, or inducements, apart from the forgoing written agreements, have been made nor shall be made except by a written and signed addendum. Under Florida Law, Statute 773.04, an equestrian activity sponsor or equine professional is not liable for an injury to or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

Signature / Signature of Parent or Guardian

Date

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56
57	58	59	60	61	62	62	63

TIP Entry

TIP Name of Horse: _____

TIP Number: _____

TIP Owner: _____

TIP Exhibitor: _____

236	237	238	239	241	242	243	244
251	252	253	254				