

Pasco Horsemen's Association

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| Pre-Entries may be emailed by Thursday before show to Barbara.lamphere@att.net | Show starts promptly at 9:00 am |
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Name of Exhibitor _____ Entry No _____

DOB _____ Phone: _____

Address: _____ City _____ Zip _____

Name of Horse: _____

High point category: _____ Walk/Trot _____ Walk/Trot/Lope

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 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 harmless the property owner, all agents, members, sponsors, promoters, volunteers, other riders, and horse owners, from all liability. I assume full responsibility for all inherent risks associated with equine related activities. I agree this release/hold harmless waiver is intended to be as broad and inclusive as is permitted by the laws of the State of Florida. I have read and voluntarily sign and further agree that no oral representation, statements, or inducements, apart from this foregoing written agreement have been made nor shall be made except by written addendum. Under Florida Law, Status 773.04 an equestrian activity or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

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Signature/signature of parent or guardian

Date

(NOTE: NO ENTRY WILL BE ACCEPTED WITHOUT A LEGITIMATE/LEGAL SIGNATURE.)

Please write in class numbers for all classes entered

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| Total Entry Fees @ \$10 per class | |
| Office/Grounds | \$20.00 |
| Membership | |
| Misc. | |
| Total | |
| Paypal 3% Fee | |
| Payment Method | |