

	OFFICE USE ONLY
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SWVHJA Annual Horse Show & Medal Finals

October 26-29, 2023

MAIL entries to:

(Must be Postmarked by 10/15/23 to avoid late fee):

Sue Tallon

10 Colonial Lane, Lexington, VA 24450

ALL entries must include an OPEN check for the entries made payable to "SWVHJA".

PLEASE DO NOT MAIL ENTRIES THAT REQUIRE SIGNATURES FOR DELIVERY.

****Please do not pre-pay entries.****

Please do not MAIL entries after 10/15/2023

HORSE/PONY NAME			RIDER # 1				JR AM		RIDER # 2				JR AM	
HORSE/PONY HEIGHT			COLOR			SEX			DOB:		DOB:			

DIVISION ENTRIES (Put #1 for Regular Rider and #2 for Alternate Rider)									
ADULT AMATEUR	CHILD HUNTER	GREEN HUNTER	INTERMED HUNTER	LOW HUNTER	SM/MED PONY	LARGE PONY	SPECIAL CHILD	SPECIAL ADULT	WORKING HUNTER
PLEASURE PONY	JUNIOR PLEASURE	ADULT PLEASURE	PLEASURE HUNTER	HOPEFUL HUNTER	SCHOOL HUNTER	TB HUNTER	COLLEGIATE HUNTER	PRE-BEG EQUIT	BEGIN EQUIT

RIDER #1 - INDIVIDUAL CLASS NUMBERS FOR CLASSICS, JUMPERS & EQUITATION													
RIDER #2 - INDIVIDUAL CLASS NUMBERS FOR CLASSICS, JUMPERS & EQUITATION													

In order to pick up numbers a COPY of a valid Coggins MUST be left in the horse show office.

***** REMEMBER — You can enter online at: www.horseshowsonline.com*****

In consideration of my/my child's participation in any equine activities at the SWVHJA Horse Show at the Virginia Horse Center, I hereby release and waive my rights to sue the SWVHJA Horse Show, the Virginia Horse Center, its manager, employees, agents and representatives for any loss, damage, injury or death to person or property sustained by me/my child in equine activities by any cause whatsoever including risks inherent in any equine activity such as, but not limited to 1) the propensity of any equine to behave in dangerous ways which may result in injury or death to a participant or bystander, or damage to property; 2) the inability to predict an equine's reaction to sound, movement, objects, persons or animals; 3) hazards of surface or subsurface conditions, whether known or unknown; 4) the experience level of any participant; 5) a known or unknown health condition of any participant; and 6) the condition and age of the equipment or tack. I assume all the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities, and I agree and understand that the SWVHJA Horse Show and the Virginia Horse Center shall have no responsibility whatsoever to make any such examinations or inspections. I further assume all risk of, and agree to hold harmless the SWVHJA Horse Show, the Virginia Horse Center, its manager, employees, representative and agents from and against, any and all loss, damage, injury or death to person or property, by whatever cause, including any act or omission, negligent or otherwise, on the part of the SWVHJA Horse Show, the Virginia Horse Center, its manager, employees, representatives and agents, or on the part of any other person. I hereby certify that the foregoing statements and representations are being made by me knowingly, freely and voluntarily, and I understand that the SWVHJA Horse Show and the Virginia Horse Center are expressly relying upon the foregoing statements and representations in permitting me/my child's participating in any equine activities.

Parent/Guardian Signature (Required if Rider is a minor) _____ Emergency Contact # _____

Print Parent/Guardian Name: _____

RESERVE _____ FULL WEEK STALL @ \$150/stall	
Day of Arrival noon W TH F S	
Day of Departure TH F S S	
Reserve _____ TWO DAY STALLS @ \$90/stall	
Day of arrival noon W Th Fr Sa	
Day of departure Th Fr Sa Su	
Late Fee—postmarked AFTER xx/xx, ONLINE xx/xx @ \$20	
Office Fee \$25/horse	\$25
Ground Fee \$40/day	
Non-showing horse @ \$25	
OFFICE USE:	
Paid \$ _____ Ck # _____	

STABLE WITH (Please use Trainer's/Friend's LAST NAME):

Owner (ALL INFO MANDATORY)	Rider #1 (ALL INFO MANDATORY)	Rider #2	Trainer (ALL INFO MANDATORY)
Print Name: _____	Print Name: _____	Print Name: _____	Print Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
Phone () _____	Phone () _____	Phone () _____	Emergency Contact # () _____
E-mail: _____	E-mail: _____	E-mail: _____	E-mail address: _____
Signature (must be 18, or Parent/Guardian/Trainer must sign) :	Signature (must be 18, or Parent/Guardian/Trainer must sign) :	Signature (must be 18, or Parent/Guardian/Trainer must sign) :	Signature (Parent/Guardian/Trainer must sign) :