2015 BREVARD COUNTY 4-H HORSE SHOW

Date ______________________  Entry Number ______________________

FINANCIAL ACCOUNTING

Number of Classes _______________ X $10.00 = $ __________________

Number of Stalls ________________ X $20.00 = $ __________________

Total Paid $ __________________

Paid by: CASH  Check Number __________________

Make Checks Payable To: BREVARD COUNTY 4-H ASSOCIATION

NOTICE: Anyone issuing a check that is returned for non-sufficient funds will be assessed a $25 fee per NSF check.

Cash Refund $ __________________

Name of Horse ______________________

Name of Rider ______________________

Rider Division (circle one):  WT  AWT  JR/INT  SR

CIRCLE CLASSES ENTERED

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Warning: Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to or death of, a participant in equine activities resulting from the inherent risks of equine activities. I, parent of minor participant, identified by "Name of Rider" hereby release, indemnify and hold harmless the University of Florida, Brevard County Extension Service, 4-H Club and/or the Brevard County Board of County Commissioners and their respective agents, servants, and employees, from and against all claims, damages, losses, and expenses, including attorney’s fees, arising out of or resulting from the Participant’s use, occupation, or control of any facilities or property made available at any Brevard County Parks for the purpose of engaging in equine activities, regardless of whether such claim, damage, loss or expense is caused, in part, by the act or omission of a party released and indemnified hereunder.

Signature of Parent or Guardian: ______________________ (Required) (Date)

COGGIN'S ACCESSION #: ______________________  Coggins Test Date: ______________________

(Coggins test results must be carried with you to all shows) (Date Blood Drawn)

Lab Name/Location: ______________________

I certify that the above name is a member of the 4-H Horse Program in Brevard County and to the best of my knowledge is fulfilling the requirements of membership.

4-H Leader Name: ______________________ (Please Print)

4-H Leader Signature: ______________________ (Required)

BRE4H130 Version 4.1  Revised October 2014