

# 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**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>
<b>31</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>35</b>	<b>36</b>	<b>37</b>	<b>38</b>	<b>39</b>	<b>40</b>

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: SIGN HERE \_\_\_\_\_ (Date) \_\_\_\_\_  
(Required)

**COGGINS 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:** SIGN HERE \_\_\_\_\_  
(Required)