2010 WESTERN/HUNTER FLAT/SS/GAMES ENTRY FORM
BREVARD COUNTY 4-H HORSE SHOW

Date _____ **Entry Number** _____

ENTRY FEES

Number of Classes _____ X $7.00 = $ _____

Paid by: CASH Check Number _____

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

Name of Horse _____

Name of Rider _____

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

CIRCLE CLASSES ENTERED

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**					

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, _____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)

COGGINS ACCENSION #:_____ **Coggins Test Date:**_____
(Coggins test results must be carried with you to all shows) (Date Blood Drawn)

Lab Name/Location:_____

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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)