

# SHILOH SADDLE CLUB ENTRY FORM

## Walk-Trot 14 and Over

Circle Classes to Enter and Enter  
Name of Horse(s)

RIDER'S # \_\_\_\_\_

Show Date \_\_\_\_\_

AGE \_\_\_\_\_  
(A=Adult)

RIDER'S NAME \_\_\_\_\_

ARE YOU A SHILOH SADDLE CLUB MEMBER?      YES \_\_\_\_\_      NO \_\_\_\_\_

<b>OFFICE USE ONLY</b>
<b>INITIAL</b>

ELIGIBLE CLASS #	NAME OF HORSE(S) [Each horse = 1 entry]	INITIAL			
1					
2					
3					
4					
5B or 5C					
7A					
9					
10A					
11A					
15					
17					
18					
21A	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Horse #1</td> <td style="width: 33%; border: none;">Horse #2</td> <td style="width: 33%; border: none;">Horse #3</td> </tr> </table>	Horse #1	Horse #2	Horse #3	
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Horse #1	Horse #2	Horse #3			

TOTAL AMOUNT OF ENTRY FEE:      # OF ENTRIES  x 

\$3 Member
\$5 NonMember

 =

OFFICE USE ONLY PAID BY:                      CASH _____      CHECK # _____ COGGINS CHECKED BY (initials) _____
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**RELEASE OF LIABILITY**

I, the undersigned, wish to participate in the Shiloh Saddle Club event on \_\_\_\_\_, 2011. I understand that during portions of this event I will be in the (date) close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility, and the activities in which I will be engaged.

In consideration of the Shiloh Saddle Club allowing my participation in this event, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge Shiloh Saddle club, which includes its officers, directors, members, agents, representatives, affiliates, and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of Shiloh Saddle Club. I shall not bring any claims, demands, legal actions or causes of action against Shiloh Saddle Club for any damage or loss due to bodily injury, death, or property damage arising out of my participation in this event.

**WARNING**

**UNDER MISSOURI LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent or Guardian (if participant is a minor)

\_\_\_\_\_  
Date