

Make Checks Payable to: Foothills Show Services

FOOTHILLS SHOW SERVICES CAMDEN SPRING CLASSIC I March 25-26, 2023

Mail Entries & checks to: Foothills Show Services

2492 Collinsville Road
Columbus, NC 28722

Or FAX 828-266-0251

E-mail: threesprings@windstream.net

ENTER ONLINE AT horseshowsonline.com

Horse Name (one horse per entry)	Stable With Trainer Name	Green Year		Pony		
		1st yr	2nd Yr	Sm	Med	Lg
Owner Name	Horse T.I.P. #					
Rider Name	Age If Junior	Classes				
2nd Rider Name	Age If Junior	Classes				

ALL ENTRIES MADE AT THE RIDER'S, OWNER'S & TRAINER'S RISK WITH THE UNDERSTANDING THAT THERE IS AN INHERENT RISK IN RIDING HORSES.

IN CONDERATION FORTHE EXCEPTANCE OF THIS ENTRY, I AGREE THAT S.C. EQUINE PARK, FOOTHILLS SHOW SERVICES, SCHJA, NCHJA, BRHJA, MANAGEMENT,THE OFFICIALS, NOR THE EMPLOYEES WILL BE RESPONSIBLE FOR ANY ACCIDENT OR LOSS WHICH MAY OCCUR TO AN EXHIBITOR, ANIMAL, OR EQUIPMENT. UNDER SOUTH CAROLINA LAW AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONSL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISK OF THE EQUINE ACTIVITIES. PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA.

EVERY PARTICIPANT IN THE SHOW IS RESPONSIBLE FOR KNOWLEDGE OF AND IS SUBJECT TO THE RULES OF THE SANCTIONING ASSOCIATIONS.

Stall Fee \$95		
Bedding \$8.50		
Schooling Fee \$25		
Office/Medic \$30		
Grounds Fee \$25		
Non-Showing \$30		
Camper \$60/Night		
Night Watch \$15		

<u>X</u> _____	<u>X</u> _____	<u>X</u> _____
Owner signature	Rider Signature Parent/Guardian Signature If Under 18	Trainer Signature
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____