

The Camden Hunt

Event Registration Hunter Trials

Date _____

Mail to TCH PO Box 2285 Camden SC 29020 thecamdenhunt@yahoo.com

1 entry per rider

www.camdenhunt.com

Entry #	Rider's Name	Horse's Name
Classes:		
# of Classes _____ x \$15 _____		

Check/Cash _____ donation _____

Owner's Name _____
team members if applicable _____ Team # _____

Schooling Fee \$20
Stall Fee \$15
Hill Top Parking \$20
Shavings/other _____
TOTAL _____

Address _____ city _____ St _____ zip _____

Email _____

Cell Phone

Emergency contact _____ phone _____

Age if under 18 _____

Parent Name **Required** _____ signature **Required** _____

RELEASE FORM

Please read carefully before signing. Serious injury may result from your participation in this activity.

Liability Release

Under South Carolina 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, under Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

_____ (Rider's Name) would like to participate in jumping clinic, trail riding, fox hunting, hunter pacing and/or showing with The Camden Hunt. I acknowledge that I have been informed by this document and am aware the potential for risks in riding and working with equine. However, I/my child/my ward feel that the possible benefits to individuals (myself or my child) being served are greater than the risks I have chosen to assume. I hereby am to be legally bound, for myself, my heirs, assigns, executors, and/or administrators, waive and release forever all claims for injuries including death or damages to my horse or property against The Camden Hunt, Masters, instructors, owners, employees, land owners and volunteers.

Signature **Required** _____