

**THE CAMDEN HUNT 85<sup>TH</sup> ANNUAL HUNTER TRIALS**  
**FEATURING THE 3<sup>RD</sup> ANNUAL CAROLINAS' PERFORMANCE HUNTER SERIES**  
**EVENT ENTRY FORM**

- To reduce the risk of COVID-19 spread, pre-registration and payment is strongly recommended.
- To enter:
  - Complete and mail your entry to: The Camden Hunt, PO Box 2285, Camden, SC 29020; don't forget to include your entry fee payment and proof of negative Coggins; receive your rider number upon arrival.
  - or-
  - Complete, save and return by way of email to: therealcamdenhunt@gmail.com. Upon arrival, show proof of negative Coggins, pay entry fees, and receive your rider number.
- Note: Every rider must complete an entry form; a single rider may enter on up to 3 horses, but please, **only one rider per form.**

\_\_\_\_\_ Rider's Name \_\_\_\_\_ Age, if under 18 \_\_\_\_\_ Phone no. \_\_\_\_\_ Owner's Name, (if different)

\_\_\_\_\_ Rider's street address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Horse #1: _____	Horse #2, if applicable _____	Horse #3, if applicable _____
<b>Class entries. Check all that apply.</b>	<b>Class entries. Check all that apply.</b>	<b>Class entries. Check all that apply.</b>
[ 1] [ 2] [ 3] [ 4] [ 5] [ 6] [ 7] [ 8] [ 9] [ 10] [ 11] [ 12] [ 13] [ 14] [ 15]	[ 1] [ 2] [ 3] [ 4] [ 5] [ 6] [ 7] [ 8] [ 9] [ 10] [ 11] [ 12] [ 13] [ 14] [ 15]	[ 1] [ 2] [ 3] [ 4] [ 5] [ 6] [ 7] [ 8] [ 9] [ 10] [ 11] [ 12] [ 13] [ 14] [ 15]
subTotal no. of classes entered: _____	subTotal no. of classes entered: _____	subTotal no. of classes entered: _____
Scratch Classes _____	_____	_____
Add Classes _____	_____	_____
Total no. of classes entered: _____	Total no. of classes entered: _____	Total no. of classes entered: _____
Class Fee: \$15 x no. of classes = _____	Class Fee: \$15 x no. of classes = _____	Class Fee: \$15 x no. of classes = _____
Schooling: _____ Stable No. of Nights: _____ Shavings: -No. of Bags _____	Schooling: _____ Stable No. of Nights: _____ Shavings: -No. of Bags _____	Schooling: _____ Stable No. of Nights: _____ Shavings: -No. of Bags _____

**Total Owed: Schooling: \$20/horse \_\_\_\_\_ + Stabling: \$25/horse/night \_\_\_\_\_ + Shavings: \$6/bag \_\_\_\_\_ + Parking \$20/vehicle \_\_\_\_\_**  
**+ TOTAL Class fees from above: \_\_\_\_\_ = TOTAL Payment Due: \_\_\_\_\_ [Paid cash or check no \_\_\_\_\_]**

**WARNING/RELEASE FORM**

**Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from the inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.**

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

\_\_\_\_\_ (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 of the potential for risks in riding and working with equines. 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 and/or death or damages to me, to my child/ward, to our horses and damages to our property against The Camden Hunt, Masters, instructors, owners, employees, landowners, committee members and volunteers.

Signature of Rider. If rider is under 18, Signature of Parent or Legal Guardian **Required** \_\_\_\_\_

For Carolinas' Performance Hunter Series (Classes 6 & 13) Horse has hunted the required no. of times to qualify.  
 Name of Hunt: \_\_\_\_\_ Name of Master: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email: \_\_\_\_\_ Signature: \_\_\_\_\_