

# The Camden Hunt Fall Hunter Pace

Date: Sunday, October 2<sup>nd</sup>, 2022. Start Time: 8:00 a.m.

(This is a Rain or Shine Event)

Place: The Camden Hunt Clubhouse

- **Entry Fee: \$50 per adult; \$30 18 and under; \$15 lunch non-rider.**
- Pre-registration and payment requested (...and appreciated).
- **Two ways to enter:** 1) Complete, print and mail your entry along with your check and proof of negative Coggins to: The Camden Hunt, PO Box 2285, Camden, SC 29020; **OR** 2) Complete, save and return your entry by way of email to: [thecamdenhunt.hunterpace@gmail.com](mailto:thecamdenhunt.hunterpace@gmail.com). Upon arrival, show proof of negative Coggins and pay entry fees.
- To reserve a start time, telephone Susan Provenzano at 803-729-8270.
- Note: **Every rider must complete an entry form**, meaning each team member must complete and submit his/her own form, referencing the other team member(s) in the space provided.

Office Use Only

Team Number: \_\_\_\_\_

Assigned Time: \_\_\_\_\_

– Payment Information –

[ ] Pd Chk no. \_\_\_\_\_ [ ] Must Still Pay

Division: [ ] First Flight [ ] Hilltopper

Start Time Requested: \_\_\_\_\_

Note: Call the number above to reserve a start time, or a TCH Coordinator will phone or email you to confirm your start time.

Rider's Name: \_\_\_\_\_ Team Members (Up to 2 add'l) 1: \_\_\_\_\_

Rider's Cell Phone (Required): \_\_\_\_\_ 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Rider's Age, if under 18: \_\_\_\_\_ Parent Name (Required): \_\_\_\_\_ Phone: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Color: \_\_\_\_\_ M \_\_\_\_\_ G Height: \_\_\_\_\_

Coggins #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

## 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** \_\_\_\_\_

[therealcamdenhunt@gmail.com](mailto:therealcamdenhunt@gmail.com)

The Camden Hunt PO Box 2285, Camden, SC 29020.