

THE CAMDEN HUNT 88TH ANNUAL HUNTER TRIALS
SUNDAY, NOVEMBER 5, 2023
EVENT ENTRY FORM

- To assist in the smooth running of the event, 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, scan and return your entry by way of email to: thecamdenhunt.huntertrials@gmail.com. Upon arrival, show proof of negative Coggins, pay entry fees, and receive your rider number. Note: entries will also be accepted at schooling or on day of Hunter Trials.
- 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 _____
Class entries. CIRCLE all that apply.	Class entries. CIRCLE all that apply.	Class entries. CIRCLE all that apply.
1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
7 8 9 10 11 12	7 8 9 10 11 12	7 8 9 10 11 12
13 14 15 16 17	13 14 15 16 17	13 14 15 16 17
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: \$20 x no. of classes = _____ *Note: no fee for class 17.	Class Fee: \$20 x no. of classes = _____ *Note: no fee for class 17.	Class Fee: \$20 x no. of classes = _____ *Note: no fee for class 17.
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: \$5/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 Qualified Hunters: (Classes 6, 7, 8 & 15) Horse has hunted the required no. of times to qualify.

Name of Hunt: _____ Name of Master: _____
 Phone: _____ email: _____ Signature: _____