THE 115TH CAMDEN HUNT HORSE SHOW

SUNDAY, MARCH 23, 2025 EVENT ENTRY FORM

- To assist in the smooth running of the event, pre-registration and payment is strongly recommended.
- To enter:

Liability Release

• 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 form by way of email to: thecamdenhunt@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 2 horses per entry form, but please, **only one rider per form**.

	Rider's Name				Age,	Age, if under 18		Phone no.			Owner's Name, (if different)			
Rider's street address						City:				State		Zip		
	Rider'	s emai	l Addre.	ss:									-	
Horse #1:							Horse #2, if applicable							
Class entries. Circle all that apply.								Class entries. Circle all that apply.						
1	2	3	4	5	6	7	1	L	2	3	4	5 6	7	
8	9	10 a	10b	11 a	11b	12	8	9	10a	10b	11 a	11b	12	
13	14	15	16	17	18	19	13	14	15	16	17	18	19	
20	21	22	23	24	25 26	27	20	21	22	23	24	25 26	27	
subTotal no. of classes entered:						subTotal no. of classes entered:								
Scratch Classes						Scratch Classes								
Add Classes						Add Classes								
Total no. of classes entered:							Total no. of classes entered:							
Class Fee: \$20 x no. of classes = PLUS \$60 for Derby, if appl.						Class Fee: \$20 x no. of classes = PLUS \$60 for Derby, if appl.								
Owed: Gr	ounds F	ee \$20/l	horse: \$	+	Ringsid	e Parking	\$20/vehicl	le	+ TO	TAL CI	ass fees	from abo	ve:	
		=	= TOTA	L Paym	ent Due	::	[Paid	d cash	or check	: no				
					WA	RNING/R	ELEASE	FORM	1					

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.

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

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	_ (Rider's Name) would like to	participate in jumping of	clinic, trail riding, fox hui	nting, hunter pacing and/or
showing with The Camden Hunt. I ad	cknowledge that I have been in	nformed by this docum	ent and am aware of the	potential for risks in riding
and working with equines. Howeve	r, I/my child/my ward feel that	t the possible benefits	to individuals (myself or	my child) being served are
greater than the risks I have chosen t	o assume. I hereby am to be le	gally bound for myself,	my heirs, assigns, execut	cors, and/or administrators
waive and release forever all claims f	for injuries and/or death or dar	mages to me, to my chil	ld/ward, to our horses ar	nd damages to our property
against The Camden Hunt, Masters,	instructors, owners, employee	es, landowners, commit	ttee members and volun	teers.

Signature of Rider. If rider is under 18, Signature of Parent or Legal Guardian Required __________