

SCHAGHTICOKE FAIR HORSE SHOW

ENTRY FORM

| | |
|---------------|---------------|
| RIDER: | HORSE: |
|---------------|---------------|

CLASS NUMBERS:

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Entry Fee Amount \$ _____

Admission Fee Deduction \$- _____

TOTAL AMOUNT: _____

Age of Rider: _____ **Division Entering:** _____

Exhibitor's Mailing Address: _____

(City/State/Zip): _____

Exhibitor's Phone #: _____ **email:** _____

RELEASE OF LIABILITY:

The Rensselaer County Agricultural & Horticultural Society, The Schaghticoke Fair Association will not be responsible for any accident that may occur to, be caused by any horse or pony exhibited at the show or for any article of any kind or nature that may be lost or destroyed or in any way damaged.

Each exhibitor will be responsible for any injury that may be occasioned to any person or animal or damage to any property while on the grounds by any horse owned, exhibited or in his custody or control and shall indemnify and hold harmless The Rensselaer County Agricultural & Horticultural Society, The Schaghticoke Fair Association, its officials, and directors individually and collectively, and show manager, from and against all claims, demands, cause of action, costs, charges, and expenses of every kind and nature what so ever arising out of or which may be incurred by reason of any accident, injury or damage to person or property caused by the ownership, exhibition, custody or control of any animal exhibited.

Exhibitor: _____ **Date:** _____

Signature: _____ **Date:** _____

(Parent or Guardian of Junior Exhibitor)

Address: (if different from exhibitors) _____ **Phone:** (if different) _____

SCHAGHTICOKE FAIR HORSE SHOW

HUNTER/JUMPER ENTRY FORM

| | |
|---------------|---------------|
| RIDER: | HORSE: |
|---------------|---------------|

CLASS NUMBERS:

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Entry Fee Amount \$ _____
\$2.00 EMT FEE \$ _____
Admission Fee Deduction \$ - _____
\$5.00/Schooling: Total Fees:\$ _____
TOTAL AMOUNT: _____

Age of Rider: _____ **TCRA#:** _____

OWNER OF HORSE _____

Exhibitor's Mailing Address: _____

(City/State/Zip): _____

Exhibitor's Phone #: _____ **email:** _____

RELEASE OF LIABILITY:

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Exhibitor: _____ **Date:** _____

Signature: _____ **Date:** _____

(Parent or Guardian of Junior Exhibitor)

Address: (if different from exhibitors) _____ **Phone:** (if different) _____
