

Sussex County Horse Show Ranch Horse Clinic

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

SCHS OPEN BREED MEMBER YES NO

EAST COAST RANCH RIDING ASSOC MEMBER YES NO

RIDER \$90(single session) AM &/or PM Full Day \$150 TOTAL _____

MEMBER DISCOUNT \$5 SCHS /\$5 ECRRA _____

DEPOSIT DUE \$45 TO RESERVE SPACE _____

AUDIT FEE \$25 _____

TOTAL AMOUNT DUE \$ _____

LOCATION: SUSSEX COUNTY FAIRGROUNDS, 37 PLAINS ROAD, AUGUSTA, NJ 07822

ALL HORSES MUST HAVE A CURRENT NEGATIVE COGGINS & SIGNED
COVID RELEASE FORM

MAIL FORM AND DEPOSIT TO: CHECKS PAYABLE TO "SCHS" OR PAY BY CC

SCHS RANCH RIDING CLINIC OR CALL JULIE AT (973)-702-0112

C/O DAVE THOMAS EMAIL THOMASJ77@HOTMAIL.COM

79 LIBERTYVILLE ROAD

WANTAGE, NJ 07461

WAIVER: THE UNDERSIGNED RELEASES THE LEASER OF THE PROPERTY ON WHICH THE EQUINE EVENT IS BEING HELD AND SCHS ..AS THE SPONSOR OF THE EVENT FROM ANY LIABILITIES RESULTING FROM INJURIES, ILLNESS, OR DAMAGE INCURRED TO PERSON, ANIMAL, OR PROPERTY BY THE UNDERSIGNED, BY MEMBERS OF HIS/HER FAMILY, OR BY ANY OTHER SPECTATOR, PARTICIPANT, OR ANIMAL WHILE ATTENDING THIS EVENT. ALSO, SCHS, WILL NOT BE LIABLE FOR ANY DAMAGE TO OR FAILURE OF EQUIPMENT WHILE AT THIS EVENT. I, THE UNDERSIGNED, CONCUR THAT EQUINE ANIMAL ACTIVITIES INVOLVE RISKS THAT ARE ESSENTIALLY IMPRACTICAL OR IMPOSSIBLE FOR SCHS, TO PREVENT OR ELIMINATE; AND THAT THOSE INHERENT RISKS OF AN EQUINE ACTIVITY MUST BE BORNE BY THOSE WHO ENGAGE IN THOSE EQUINE ACTIVITIES. THIS SIGNED FORM WILL BE RETAINED BY SCHS, AND MADE A PART OF THE EVENT'S ENTRY RECORDS. THIS SIGNED WAIVER APPLIES TO ALL PHASES OF THIS EVENT.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS WAIVER (RIDER UNDER 18 MUST HAVE PARENT/GUARDIAN SIGNATURE)