



Jeannette Zangerle Memorial Parade of Breeds Exhibition

Monday, August 5, 2024
Main Ring – Not Before 6:00 PM



BACK #

- ✚ No Class Fee – **Money and Ribbons Awarded!!**
Complete Release & Health Form
- ✚ Provide negative Coggins within 1 year

Check in is at 5:00 PM at the Horse Show Pavilion with Marian Smith

Entries Due July 20, 2024

Please send to msmith@ncboe.org or 973-945-3584
SCHS Parade of Breeds, c/o Marian Smith, 111 Mackerly Rd. Newton, NJ 07860.

Horse Name _____

Riders Name _____

Owners Name _____

Breed of Horse _____ Age of Horse _____

Rider Address _____

Rider Phone _____ Rider Email _____

Owner Address _____

Owner Phone _____ Owner Email _____

Please describe in 2-3 sentences the information about your horse and your exhibition.
(use the back if necessary)



2024 EQUINE HEALTH DECLARATION FORM

**THIS FORM MUST ACCOMPANY ALL HORSES SHIPPING IN TO THE SUSSEX HORSE SHOW GROUNDS
NO EXCEPTIONS WILL BE MADE**

By signing this form, I, _____ (your name here) hereby certify that each horse attending the show/event has had the Flu/Rhino Vaccine within the last 6 months and has a current negative coggins. I can provide proof of these records. I also certify that none of the horses in my care have showed any signs of illness and have a normal temperature. The horses are listed below:

Please List Horses Below:

Print Name _____

Barn Name/Trainer _____

Address _____

Phone Number _____

Signature _____ Date _____

Please use one form per barn/trainer.



2024 Release Form

Waiver: The undersigned releases the lessors of the property on which the equine event is being held & SCHS as the sponsor of the event from any liabilities resulting from injuries, illness or damages 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 class entry 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.

Printed Name _____ Signature of Rider (mandatory) _____

Signature of Parent or Guardian (required if rider is a minor) _____

Date _____