

# Randolph College SWVHJA Horse Shows

# EXHIBITOR NUMBER \_\_\_\_\_

Entry for: Please make checks payable to: Circle Class and Height

June 16.	<input type="checkbox"/>	<b>Randolph College</b>	Unjudged Warm Up	1 60
July 7.	<input type="checkbox"/>	4762 Hawkins Mill Road	Green Hunter <b>2'6" or 3'</b>	2 3 4
August 18.	<input type="checkbox"/>	Lynchburg, VA 24503	Low Hunter	5 6 7
		Fax: (434)384-3231	Children's Hunter	8 9 10
			SWVHJA Hunter Seat Medal	11
			Adult Hunter	12 13 14

Special Children's Hunter	40 41 42
SWVHJA Pony Medal	43
Small/Medium Pony Hunter	44 45 46
Large Pony Hunter	47 48 49
Academy Short/Long Stirrup Eq.	50 51 52
Academy Walk Trot Eq.	53 54 55
Leadline	56

NAME OF HORSE	PONY	SWVHJA Adult Medal(18 &older)	
	S/M	25 & under	15
	L	26 &over	16
SWVHJA #		Oak Ridge Medal	17
HORSE OWNER		Pre-Beginner Equitation	18 19 20
		Pleasure Hunter	21 22 23
		Beginner Equitation	24 25 26
NAME OF RIDER	AGE-JR	Intermediate Hunter	27 28 29
		SWVHJA Jr.Eq. on flat (14&U)	30
		SWVHJA Jr. Eq on flat (15-17)	31
SWVHJA #		SWVHJA Adult Eq. on flat	32
TRAINER		Schooling Hunter	33 34 35
		Randolph College Medal	36
		Special Adult Hunter <b>2'6" or 2'9"</b>	37 38 39

OFFICE USE ONLY	
<b>Classes Entered</b>	
___ @ \$18/class	
___ @ \$20/medal	
___ @ \$50/division	
Minus \$5 Pre-Entry Fee	
<b>Stall Fee</b>	
___ @ \$35 each	
<b>TOTAL AMOUNT DUE</b>	
<b>CHECK RECEIVED</b>	
<b>Check Number:</b>	
<b>Balance</b>	

**Randolph College  
Activity Release Waiver, Assumption of Risks  
and Indemnification Agreement**

In consideration of my/my daughter's/son's participation in any equine activities at Randolph College (the "College"), I hereby release and waive any rights to sue the College, its employees, agents and representatives for any loss, damage, injury or death to person or property sustained by me/my daughter/son in equine activities by any cause whatsoever, including but not limited to any risk inherent in an equine activity, such as (i) the propensity of an equine to behave in dangerous ways which may result in injury or death to a participant or bystander, or damage to property; or (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; (iii) hazards of surface or subsurface conditions, whether known or unknown; (iv) the experience level of any participant; (v) a known or unknown health condition of any participant; and (vi) the condition and age of the equipment or tack. I assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspection relating to those risks and any other potential risks of recreational activities, and I agree and understand that Randolph College shall have no responsibility whatsoever to make any such examination or inspection. I further assume all risk of, and agree to hold harmless the College, its employees, representatives and agents from and against, any and all loss, damage, injury or death to person or property, by whatever cause, including any act or omission, negligent or otherwise, on the part of the College, its employees, representatives or agents, or on the part of any other person.

If (I am)(my daughter/son is) a participant in College sponsored classes and/or programs, then I agree and understand that this Agreement shall apply to all equine activities in which (I am) (my daughter/son is) involved during the next twelve months from the dated below.

I hereby certify that the forgoing statements and representations are being made by me knowingly, freely and voluntarily, and I understand that the College is expressly relying upon the foregoing statements and representations in permitting my/my daughter's/son's participation in any equine activities.

(or Guardian if Rider is under 18)

<b>Owner Signature</b> _____	<b>Rider Signature</b> _____	<b>Trainer Signature</b> _____
Name of Owner (print) _____	Name of Rider (print) _____	Name of Trainer (print) _____
Address: _____	Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____	Phone Number: _____

