

HORSE DAYS CLINIC ENTRY

ONE HORSE PER ENTRY

Horse's Name _____ Sex _____

Color _____ Age _____ Height _____

Owner _____

Address _____ City _____

State _____ Zip _____ Phone _____ Clinic _____

Signature _____

Rider (if other than owner) _____

Address _____ City _____ State _____

Zip _____ Phone _____ Clinic _____

Signature _____

Rider (if other than owner) _____

Address _____ City _____ State _____

Zip _____ Phone _____ Classes _____

Signature _____

“WARNING: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.” (Senate Bill 240-IL)

The signatory(s) above agree(s) to hold Horse Days and their affiliates, employees and volunteers harmless for lost, damaged or stolen property and for injury or loss to horses, exhibitors and spectators before, during and after the show.

PERMISSION FOR MINOR TO SHOW – I hereby consent to the entry of (name) _____ (age) _____, my child in this horse show and certify that I have read the representations and statements, and that the same may be deemed a part hereof, and hereby accept responsibility thereunder for the participation of said minor.

Signature of Parent/Guardian: _____

Send completed entry form & coggins to:

2075 Free Church Road

South Beloit, IL 61080

OR

horsedays2011@gmail.com

CURRENT NEGATIVE COGGINS REQUIRED WITH ENTRY

Stable with: _____ Horse # _____