

Linthicum 4-H Hi-Riders Horse/Rider Registration 2019

Show Date: _____ Coggins #: _____

Horse/Pony Name* _____ Entry No. _____

Rider's Name* _____ Rider's Age (as of 1/1, over 18 use Adult) _____

Owner's Name _____

- **Pre-register by Wednesday before the show for our low price of \$7 per class! \$12 per class Thursday-Sunday.**
- There is a one time per show \$15 ring fee. Leadline exhibitors will have a \$6 ring fee.
- Please circle all classes entered, if there is an "E/W" please circle E if you are riding English or W if you are riding Western.
- To ensure you receive proper point totals for the entire show series, please BE CONSISTENT with names of HORSE AND RIDER when registering for shows throughout series. For instance, if your name is Jennifer and you go by Jenny, it doesn't matter which name you use but you must be consistent from show to show. The same goes for your horse's name. This will be used to determine accumulated points for English & Western Awards.
- Call Kim Zulauf at (443) 816-3150 or email the completed form (4hhiriders@gmail.com).

We have classes specially designed for little equestrians. The goal is to have divisions where the little ones can excel by competing with riders of like skills. If you can compete in higher divisions, that's where you belong. See Division Restrictions on the back of our prize list for more information.

Every entry shall constitute an agreement and affirmation that all participants (which include without limitation, the owner, lessee, trainer, manager, agent, coach, driver rider, handler and horse) for themselves, their principals, representatives, employees and agents: (1) Shall be subject to the rules of the AHSA and 4-H; (2) represent that every horse, rider, driver and handler is eligible as entered; (3) agree to be bound by the rules of the AHSA and 4-H, and will accept as final the decision of the judge and the show committee, and agree to hold the show, the Linthicum 4-H Hi-Riders, Morningside Stables at Andover Equestrian Center, and Anne Arundel County, their officials, directors and employees harmless for any action taken, (4) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death, and by participating they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold the Linthicum 4-H Hi-Riders, Morningside Stables at Andover Equestrian Center and Anne Arundel County, and their officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with the competition, whether or not such claim, injury or loss resulted directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or agents of the Linthicum 4-H Hi-Riders, Morningside Stables at Andover Equestrian Center or Anne Arundel County.

1		29
2		30
3	<input type="checkbox"/> E <input type="checkbox"/> W	31
4	<input type="checkbox"/> E <input type="checkbox"/> W	32
5	<input type="checkbox"/> E <input type="checkbox"/> W	33
6		34
7		35
8	<input type="checkbox"/> E <input type="checkbox"/> W	36
9	<input type="checkbox"/> E <input type="checkbox"/> W	37
10		38
11		39
12	<input type="checkbox"/> E <input type="checkbox"/> W	40
13	<input type="checkbox"/> E <input type="checkbox"/> W	41
14	<input type="checkbox"/> E <input type="checkbox"/> W	42
15	<input type="checkbox"/> E <input type="checkbox"/> W	43
16	<input type="checkbox"/> E <input type="checkbox"/> W	44
17		45
18		46
19		47
20		48
21		49
22		50
23		51
24		52
25	<input type="checkbox"/> E <input type="checkbox"/> W	53
26	<input type="checkbox"/> E <input type="checkbox"/> W	54
27		55
28		55

Costume Class
10/27/2019

X _____
Rider or Handler's signature
(parent or guardian, if under 18 years old, or if not available, trainer to sign)

X _____
Trainer's signature

X _____
Owner's signature

Name: _____

PHONE (REQUIRED): _____

EMAIL (REQUIRED) _____

Street: _____

City: _____

State/Zip: _____

_____ Check	_____ Cash
_____ Check #	_____ Amount Paid
Cash or Check ONLY	_____ Initial