



Eastern Hudson Valley Horse Council

A Chapter of

New York State Horse Council

2024 Horse Show Rider Registration

Office Use Only	
EHVHC Member?	Yes No
Coggins _____	Rabies _____
Date Received _____	

Rider Name _____

Entry # _____

Address _____

Junior DOB _____

City _____

Name of Horse _____

State _____ Zip _____

Name of Owner/Trainer _____

Telephone _____

TIP # _____

E-mail _____

USHJA # _____

In consideration of the acceptance of the foregoing entry, it is understood and agreed that I/we are aware of the risks and exposures to personal injury involved through horsemanship activities and I/we hereby release the Eastern Hudson Valley Horse Council (EHVHC) and all officers and members thereof, from any and all claims for damage which may occur to me or my horse at any time hereafter. Neither myself, my heirs, representatives, or dependents will charge said organization, its officers or members with any fault for any injury, loss, or damage which may be suffered by me or them due to any manner, thing or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any injury or damage to myself, family members, livestock, and equipment while attending an event sponsored by this organization. I also hereby agree to allow Eastern Hudson Valley Horse Council to use any photographs taken during the event for the organizations advertising purposes. **ASTM HELMETS ARE REQUIRED FOR RIDERS 18 AND UNDER, and are highly suggested for ALL riders.**

Signature of Rider _____

Date of Show _____

Signature of Parent/Guardian _____

E-mail pre-entry form, copy of current Coggins and Rabies Certificate to EHVHorseCouncil@gmail.com. Pre-entries can pick up their numbers at the registration booth at the show. Copies of current **Rabies** and **negative Coggins** (both dated within one year of event) must be sent with pre-entries or presented before the start of each show. **NO EXCEPTIONS!**

Unless otherwise noted, price per class is \$15 for Members or \$20 for Non-Members.

Class Numbers		Division Name

Total Entry Fee's	
EMT Fee	\$10.00
Post-Entry Fee \$10	
Total	

Note: Any and all refunds are made by mail and are subject to a \$15 office fee.

Office Use Only			
Paid Cash _____	Paid Venmo _____	Paid Check # _____	Received By _____