

# Silver Heels Riding Club, Inc.

## 2010 Parental Release Form

Are you a Silver Heels Member? Yes No

### EXHIBITOR INFO.

Exhibitor's First Name: \_\_\_\_\_ MI \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Barn name showing under: \_\_\_\_\_

I hereby certify that every horse, pony, rider and/or driver is eligible as entered and agree for myself and my representatives to be bound by the by-laws of the Silver Heels Riding Club, Inc. (hereafter SHRC) and to abide by all regulations of the event and any other rules and regulations in-effect. Further, I agree that if any damage shall be occasioned or loss occur, by fire or otherwise to the equine(s) exhibited or to any vehicle or other article that I may send with such equine(s), that I will make no claim therefore. I further agree to forfeit and pay to SHRC the sum of \$500.00 per animal, as and for liquidated damages if any animal that I may exhibit is suffering from any contagious or infectious disease. I further agree to hold SHRC harmless from any claim or demand of whatever kind or nature that may be occasioned by the equine(s) exhibited by me and/or the negligence of persons in charge of such equine(s) and to repay SHRC on demand all damages it may sustain by reason of any claim or demand as aforesaid.

In consideration of the acceptance of this application, I hereby waive, release & discharge any and all claims for damages or death, personal injury or property damage which I might have or which may hereafter occur to me, as a result of my participation in this equine event. This release is also to discharge in advance, the promoters, sponsors, SHRC officials and their respective agents, assigns, and employees, from any negligence or carelessness on the persons or entities mentioned above. I understand that serious accidents occasionally can or may occur during equine events and that participants in equine events may sustain mortal or serious injury, and or property damage, as a consequence thereof. Knowing the risks in this type of event and or equine activity, nevertheless, I hereby agree to assume those risks.

Show Date: (Select a show date(s))  
\_\_\_\_\_ May 2, 2010  
\_\_\_\_\_ June 6, 2010  
\_\_\_\_\_ June 27, 2010  
\_\_\_\_\_ July 25, 2010  
\_\_\_\_\_ August 8, 2010  
\_\_\_\_\_ September 12, 2010

Relationship: Father Mother Legal Guardian (circle one)

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_