Penn Jersey Horse Show
2017 show date: _____

NAME OF RIDER: _____

Rider ○Jr ○Sr JR Birth Date _____ PJHSA memb Y / N

_____
ADDRESS CITY STATE ZIP CODE

_____
PHONE E-MAIL (required)

_____
NAME OF HORSE/PONY Height: Sm / Med./ Large
Classes Entered:

_____

_____

Release: I understand that horse sports may be hazardous and dangerous, even leading to permanent injury or death, and I assume any and all risk of loss or injury to myself, my animals and equipment, etc. and agree to hold harmless, regardless of negligent acts or omissions, Bucks County, the Bucks County Horse Park, organizers, show committee, all horse show personnel, and volunteers. **YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW.**

_____
Signature of competitor Date

_____
(Signature of Parent if competitor is under 18) Date

TOTAL $ _____
Credit Card Information
Name on Card: _____

Card Number: _____

Exp. Date: _____ CVS _____ Zip Code_____