MWHS Entry Form (One per horse)

Name of Show: MWHS Bridgen Day 2 Tri County Horse Club Hosted

Date of Show: June 26, 2022

Back Number:

Horses Name:

Exhibitors Name(s):

Address:

Phone Number:

Email:

Liability Insurance or OEF Number_____

Class number	**Class name**	**Exhibitor**	**entry fee**
	Total Entry Fees		
	Grounds Fees		
	Office Fees		
	Other		
	Total Fees		

I/we are familiar with the risk of injury, sickness and death that any participant in this activity must assume, and I/we believe that I/we are physically, emotionally and mentally able to participate in this activity, and that my/our equipment is mechanically fit for my/our use in this activity. I/we understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me/us. Furthermore, I/we understand that conduct of all persons present at MWHS events shall be orderly,responsible, sportsmanlike, and humane in the treatment of all animals. We agree to abide by the rules and regulations of MWHS and our host facility. I/we understand that MWHS assumes no responsibility in the case of loss or damage to persons, horses, or personal property from any cause and upon this condition only entries are accepted.

Signature of exhibitor or guardian if under 18:

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