

RIDER AND HORSE INFORMATION

RIDER: _____

Address: _____

City/St/Zip: _____

Telephone: _____

Email: _____

Birthdate: _____

Emergency
Contact: Name: _____

Phone: _____

HORSE: _____

Sex of horse: _____
(G,M,S)

Coggins Date: _____
(attach copy)

Coach: _____

REFUNDS: Scratches received in writing on or before Tuesday prior to show receive full refund less office fee. **NO** refunds or credits after Tuesday for any reason.

WARNING: UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.