

# EQUESTRIAN ENTRY FORM



**REGIONAL DIRECTORS:** E- mail completed form to Equestrian Show Chair, Danna Ferguson  
dannaf@xplornet.com

## RIDER INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

REGION: \_\_\_\_\_ AGE A/O JAN 1, 2018: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## EMERGENCY CONTACT

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## EQUESTRIAN CLASS REGISTRATION

HORSE NAME	HORSE AGE A/O JAN 1, 17	CLASSES (1A, 6, 10, 24C, etc.)

I am the participant named above, or the legal guardian of the minor participant named above. I certify that this information is correct to my knowledge and am entering the classes which I am eligible. I understand the nature of Equestrian Sports to be inherently dangerous and accept the dangers for myself and any minors in my charge. I will in no way hold the Southern Alberta Games Committee, the Equestrian Show Committee, its volunteers or employees, responsible for any injury or damages whatsoever.

PARTICIPANT or LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_