



Clinic Entry Form

January 28, 2012

Mail, Fax, email to: Dana R Bunch

7254 NW 30 St., Okeechobee, FL, 34972

863-467-4933, flcuttin@yahoo.com

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Member SFRHA ? _____

Signature of person making entry and/or parent/guardian

- | | | | |
|-------------|-----------|--------------------------|---------|
| • Clinic #1 | Circles | <input type="checkbox"/> | \$25.00 |
| • Clinic #2 | Spins | <input type="checkbox"/> | \$25.00 |
| • Clinic #3 | Stops | <input type="checkbox"/> | \$25.00 |
| • Clinic | All Three | <input type="checkbox"/> | \$65.00 |

TOTAL \$ _____

Warning: Equine Immunity Law

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

SFRHA Disclaimer

This show, employees, volunteers or management will not be responsible for any accident and/or injury that may occur to any rider, equipment, or horse. Submitting this entry form waives any claim against sponsoring organization and/or hosting facility. By way of making an entry, the exhibitor is assuming responsibility and releases show management for any claims or losses.