

FRHA Speed Show Sheet

(Age group is determined by January 1st of the new season.)

(Member Only) Points: Yes or No

Name: _____ Horse: _____

Circle Class(es):

<u>Assisted Rider</u>	<u>Pony 1-12</u>	<u>1-12</u>	<u>13-19</u>	<u>Ladies 20-42</u>	<u>Men 20-42</u>	<u>Women 43+</u>	<u>Men 43+</u>
1. Poles	2. Poles	3. Poles	4. Poles	5. Poles	6. Poles	7. Poles	8. Poles
9. Cones	10. Cones	11. Cones	12. Cones	13. Cones	14. Cones	15. Cones	16. Cones
17. Texas	18. Texas	19. Texas	20. Texas	21. Texas	22. Texas	23. Texas	24. Texas
25. Arena	26. Arena	27. Arena	28. Arena	29. Arena	30. Arena	31. Arena	32. Arena
33. Cloverleaf	34. Cloverleaf	35. Cloverleaf	36. Cloverleaf	37. Cloverleaf	38. Cloverleaf	39. Cloverleaf	40. Cloverleaf
41. Cloverleaf Award Series Side-pot \$25 (Roll-over only)							

Special Needs Riders may ride with the Assisted Rider classes. Please specify at the time of sign-up.

Remember, if members are sixteen years of age and older and are competing, they must work one hour, or have a representative to work for them to keep points for year-end awards, as well as State Championships.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THESE TERMS.

Warning:

UNDER GEORGIA LAW AND 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 OR TITLE 4 OF THE GEORGIA OFFICIAL CODE OF GEORGIA ANNOTATED.

I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I and/or my family understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly at times and I also assume such risks. I understand that animals are unpredictable and that the risks of injury or death are inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause, except as provided by law.

DATE: _____

Signature of participant or parent guardian if under 18

Entry Fees:

Classes _____ x \$8 + (1) \$5 Processing Fee = _____

Assisted Rider _____ x \$4 + (1) \$5 Processing Fee = _____

Cloverleaf award series side-pot \$25 x _____ = _____

(Circle One)

TOTAL: \$ _____ Payment: Cash Check # _____