



FLORIDA HORSE TRIALS ASSOC., INC.
SPRING EVENT CAMP ENTRY FORM 2015

March 14-15, 2015

LOCATION: The Oaks Equestrian Center, Lake City, FL

*Entries must **NOT** be postmarked **BEFORE February 17** (Opening Date).

Refunds given if there is a wait list for your group. Entries without payment will not be accepted.

Mail completed entry form and stall deposit checks **payable to FHTA, Inc.** to:

FHTA 2015 Event Camp c/o Carol Ogden
7608 SW 42nd Place, Lake Butler, FL 32054

Rider's Name: _____ Horse's Name: _____

Address: _____

Best Contact Phone Number: _____ E-mail: _____

Age: Jr. Sr. Special Dietary Requirements: _____

Experience Level: Greenbean (horse has little jumping exp.; rider comfortable over small jumps)

Ready to jump 2'0" – 2'3" Ready to jump 2'6"-2'9" Ready to jump 3'

Briefly describe you and your horse's experience: _____

*****Important Safety Information:** Riders must wear certified helmets whenever mounted. Riders must carry emergency medical information card while jumping and safety vests for cross country. FREE Medical download: <http://useventing.com/news/medical-armband-card> Cards can be placed in armband or pinned to sleeve. I need to borrow a vest (state size)

Emergency Contact name & number: _____

Fees: (includes instruction, stabling, grounds fee, meals) **Camp is for FHTA members only.** Non-members can download membership form and including appropriate fees (\$10/rider, \$5/horse).

<http://www.floridahorsetrialsassn.com/become-a-member/>

A Stall Deposit check is required and will be returned Sunday upon verification of clean stall.

WARNING: 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.

For and in consideration of the above activities and entry fees paid, Participant hereby does forever and finally release, acquit, satisfy and forever discharge FHTA, Inc., Event Camp instructors, volunteers, landowners and any other person involved with FHTA, Inc., of and from all manner of actions, suit, debts, sums of money, bonds, billings, contracts, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise for or against FHTA, Inc. or any person associated with FHTA, Inc. for the activities stated above. Participant accepts all responsibility for any damages incurred by participant, horses, dogs, riders, attendants, vehicles, or equipment accompanying participant. This document, signed voluntarily, is a full and complete release from any and all liability that may arise from this activity and remains in existence for the duration of the activity.

Camp Fee **\$150**

Guest meal plans (\$25 each) \$ _____

Membership (\$10/rider; \$5/horse) \$ _____
(New or Renewal)

Total Fees: \$ _____

Refundable Stall Deposit check **\$ 25**

Rider Signature _____
(or legal guardian if under 18yrs)