Hunter's Ridge Equestrian Center, LLC
2418 Mill Rd Powhatan, VA 23139
(804) 393-1459 or hreckpitt@hotmail.com
www.huntersridgeequestriancenter.com

HREC SHOW PRE-REGISTRATION

RIDER INFORMATION

Rider's Name:	**Rider's Birthdate:**
Address	
City, State, & Zip:	**Home Phone:**
Email Address:	**Cell Phone:**
Date of Show:	

High Points award at the end of each show day. 6 ribbons awarded for each class.

SHOW REGISTRATION*

Classes are $10 each

Please check which classes you would like to register for:

Select Classes (place X in box)*	Select Classes (place X in box)*
1. Dressage (Intro B and Beg. Novice A ☐	6. X-Country (11 jumps, course to be posted) ☐
2. Pleasure w/ GAYP ☐	7. Vaulting ☐
3. Pleasure W,T,C ☐	
4. Jackpot (1 min with 50 pt clear jump at end) ☐	
5. Chase me Charlie (Optional no stirrups) ☐	

*Any class may be subject to change or cancelled (Judge's discretion).

High Point Awarded at the End of Each Show

SIGNATURE (Guardian's signature required if Rider is under 18)

I do hereby certify that all of the information listed above is complete and correct.

*** **Signature:** **Date:**

*** **Guardian's Signature:** **Date:**

CONSENT AND RELEASE

As the participant OR legal guardian/parent of this rider, I hereby consent to his/her participation in the show conducted at Hunter's Ridge Equestrian Center. I recognize that any activity in a barn or around a horse could result in injury, and I hereby release Hunter's Ridge Equestrian Center, Kathy Pitt, her officials, employees and volunteers of any and all liability for any accident or loss which may occur to any participant, pectator, rider, guest, groom, attendent or other employee, animal or equipment at this event. No equine activity, sponsor or equine professional is liable for any injury to, or death of, any participant in any activity at this center. VA Code Ann. 53.1-796.130 (1994).

Medical Treatment Information

If emergency medical care is required for in conjunction with their participation in this activity, and if normal permission is not available in a timely manner,the undersigned authorizes emergency medical personnel to provide emergency medical personnel to provide emergency medical care and consents to treatment by a physician and medical facilities, if deemed necessary.

In the event of an Emergency, Please Contact: _____

Phone: _____ **Relationship to Rider:** _____

Physician's Name:	**Preferred medical facility:**
Health Insurance Company	**Policy #:**
Participant is allergic to:	**Participant takes the following medication(s)**