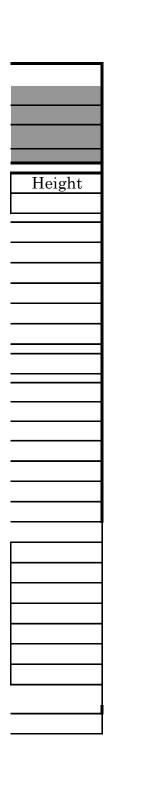
Entry Form Se	econd C	Call's All	Thoroughbre	d Char	ity H	orse Sh	low	2025			
See bottom right for how to submit form by email or regular mail.											
Rider	ider Horse							Pre-Entry			
Back #	Coggins		Proof	Tatto	0	Papers		Balance due			
			FOR	OFFICE U	SE ONL	Ŷ					
Horse's Name					Tattoo			Color	Sex	Age	
										Ü	
Rider				•	Owne	ar		•			
Address					Address						
4 Muli Coo					Huuloss						
Phone #					Phone	Phone #					
Email					Email						
Rider's Date of Birth											
m ·			ID1 4			17	Б	•1			
Trainer			Phone #				Ema	a11			
RELEASE, ASSUMPTION OF RISK, WAIVER AND IDEMNIFICATION						CLASS # Class/Division or Level					
This document waives important legal rights. Please read carefully before signing.											
I AGREE in consideration for my participation in the Second Call, Inc. · Inc.											
All Thoroughbred Charity Horse Show ("competition") to the Following:											
I agree that I choose to participate voluntarily in the Competition with my horse, as a rider,											
driver, handler, lessee, owner, ag											
junior competitor.											
I am fully aware and acknowledge	e that horse spor	rts and the Competi	tion involve								
inherent risks of accident, loss, and serious bodily injury; including broken bones,						Pre-Entries	S	\$ 30.00/ class	Χ		
head injuries, trauma, pain, suffering, death ("harm").						Post Entrie		\$ 35.00/ class	Χ		
I AGREE to release the Competition from all claims for money damages, or otherwise						Jumper Cla	assic	\$75.00			
for any harm to me or my horse and for any harm caused by me or my horse to others,						Hunter Cla		·			
even if harm resulted directly or indirectly from the negligence of the competition.						Schooling I	Pass	\$15.00			
I AGREE to idemnify the competition and to hold harmless with respect to claims from						Stall		\$85.00 per day	Х		
harm to me or my horse, and for claims made by others for any harm caused by me						Grounds Fo	ee	\$20.00			
or my horse at the Competition.											
By Signing below, I further AGREE to be bound by all terms and provisions of this entry form.										Total Due:	

If rider is under the age of 18 years of age, parent or guardian, trainer and rider must sign.	
	Please make checks payable to Second Call, Inc.
Rider/Handler (mandatory) Signature	or Pay on SCTAP Event page and mail/email to: Second Call, Inc.
Parent/ Guardian (mandatory) Signature	P.O. Box 113 Helmetta, NJ 08828
Owner/Agent (mandatory) Signature	llane2calltap@gmail.com Subject: HS Er



ntry