

# Entry Form Second Call's All Thoroughbred Charity Horse Show 2025

*See bottom right for how to submit form by email or regular mail.*

Rider		Horse		Pre-Entry	
Back #	Coggins	Proof	Tattoo	Papers	Balance due

## FOR OFFICE USE ONLY

Horse's Name	Tattoo #	Color	Sex	Age

Rider	Owner
Address	Address
Phone #	Phone #
Email	Email
Rider's Date of Birth	

Trainer	Phone #	Email
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## RELEASE, ASSUMPTION OF RISK, WAIVER AND IDEMNIFICATION

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, agent, coach, trainer, or as a parent or guardian of a junior competitor.

I am fully aware and acknowledge that horse sports and the Competition involve inherent risks of accident, loss, and serious bodily injury; including broken bones, head injuries, trauma, pain, suffering, death ("harm").

I AGREE to release the Competition from all claims for money damages, or otherwise for any harm to me or my horse and for any harm caused by me or my horse to others, even if harm resulted directly or indirectly from the negligence of the competition.

I AGREE to idemnify the competition and to hold harmless with respect to claims from harm to me or my horse, and for claims made by others for any harm caused by me or my horse at the Competition.

By Signing below, I further AGREE to be bound by all terms and provisions of this entry form.

CLASS #	Class/Division or Level

Pre-Entries	\$ 30.00/ class	x
Post Entries	\$ 35.00/ class	x
Jumper Classic	\$75.00	
Hunter Classic	\$75.00	
Schooling Pass	\$15.00	
Stall	\$85.00 per day	x
Grounds Fee	\$20.00	

Total Due:

If rider is under the age of 18 years of age, parent or guardian, trainer and rider must sign.

**Rider/Handler (mandatory) Signature**

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**Parent/ Guardian (mandatory) Signature**

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**Owner/Agent (mandatory) Signature**

Please make checks payable to Second Call, Inc.  
or Pay on SCTAP Event page and mail/email to:  
Second Call, Inc.

P.O. Box 113  
Helmetta, NJ 08828

[llane2calltap@gmail.com](mailto:llane2calltap@gmail.com) Subject: HS E

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