

Exhibitor Registration

Complete this section to register a member (rider, owner, trainer, non-rider).

Please send \$40 cash or check (c/o Baltimore County Horse Show Association) to PO Box 103
Hampstead, MD 21074.

Name *

Renewals Only: Member Number

First Name

Last Name

Email *

example@example.com

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Trainer's Name

Juniors: Exhibitor's age as of 12/1/23:

ex. 12

Adults:

Amateur

Professional

Exhibitor's date of birth: *

Month Day Year

Releases and Waivers

I authorize BCHSA to use photos of me on their website, Facebook page, Instagram, or other media.

- Yes
- No

BCHSA Release, Indemnification, Waiver, and Assumption of Risk

2024 Show Year

In consideration for the participation of the undersigned ("Participant") in any or all the BCHSA sponsored equestrian events and/or shows ("Events") during the 2024 Show Year, I hereby agree to the following:

I have read and agree to the terms of the above BCHSA Waiver/Release *

- Yes

Name *

Phone Number *

First Name

Last Name

Please enter a valid phone number.

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Date *

Month Day Year

