BALTIMORE COUNTY
HORSE COUNCIL

UNDER THE LIGHTS JULY 10TH

BCHC Benefit MHSA Regional **Jumper Show**

Pre-entries close
Wednesday, July 8 at 12 PM

Classes $25 each
+ $25 Office Fees

WHEN? 2:00 PM
Ring Open for Flatwork
from 1:00 PM - 1:45 PM

Entry Form & Rules

WHERE? Balt County Ag Center, 1114 Shawan Rd, Cockeysville, MD 21030

Registration available at www.horseshowing.com or
Email Entries to mirandagrabill@gmail.com.

Event Details & Rules

Baltimore County Horse Council Benefit
"Under The Lights" MHSA Regional Jumper Show
Friday, July 10, 2026

Judge: May-Sheyl Sutherby | Steward: TBA
Secretary: Miranda Grabill & Baltimore County Horse Council
Manager: Miranda Grabill

1. Open Jumper 1.0m Table 1I.2.b
2. Open Jumper 1.0m Table II Sec.1
3. Open Jumper 1.05m Table II.2.b
4. Open Jumper 1.05m Table II Sec. 1
5. Open Jumper 1.10m Table II.2.b
6. Open Jumper 1.10m Table II Sec.1
7. MHSA .65m Open Jumpers TFJO (Optimum Time)
8. MHSA .65m Open Jumpers TFR (Optimum Time)
9. MHSA .70m Open Jumpers TFJO (Optimum Time)
10. MHSA .70m Open Jumpers TFR (Optimum Time)
11. MHSA .80m Open Jumpers TFJO (Optimum Time)
12. MHSA .80m Open Jumpers TFR (Optimum Time)
13. MHSA .90m Open Jumpers Table 11.2.b
14. MHSA .90m Open Jumpers Table II Sec. 1
15. MHSA 1.0m Child/Adult Jumper Table II.2.b
16. MHSA 1.0m Child/Adult Jumper Table Sec. 1

- All riders cannot ride anywhere on the showgrounds without wearing protective headgear passing ASTM-SEI standards. Harnesses must be secured and if headgear has a brim it must be flexible or semi-flexible. Any rider violating this rule at any time must immediately be prohibited from further riding until their headgear is properly in place.
- Management reserves the right to change the location of any class if necessary and to cancel or combine any classes if entris so warrant.
- NO person will be allowed in the ring during judging unless on official business.
- The State of Maryland requires that all horses and ponies must be in possession of a current negative Coggins Certificate taken within 12 months. Please have your CogginsCertificate and Equine Vaccination Record (within 6 months) available to be viewed by office staff before you pick up your number(s).
- Please no dogs allowed.
- No numbers will be issued without a signed blank check and signed entry form. Junior rider entries must be signed by an adult.
- The MHSA and the Baltimore County Ag Center will assume no responsibility, are not liable for any injury to person or to any horse at any time, which includes going to, coming from and in the ring. Neither will they be responsible for any damage incurred by them or their agents' properties on the show grounds.
- Six ribbons will be awarded in all classes
- Online entries: www.horseshowing.com or Email entries to: mirandagrabill@gmail.com.

** No Scratch Fee **

BALTIMORE COUNTY
HORSE COUNCIL

Baltimore County Horse Council Jumper Show
FRIDAY, JULY 10 - UNDER THE LIGHTS

Email entries to mirandagrabill@gmail.com | Pre-entries close 12:00pm, Wednesday, June 8th

Horse or Pony			Phone Number		Rider	
Color	Sex	Height	Age	Pony SM MD LG	Rider's Birthdate	Email

Class Numbers

Class Numbers for Rider										

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF ABILITY:
I hereby confirm participant is in gocd health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at www.cdc.gov/concussion | acknowledge Baltimore County, Maryland, Baltimore County Horse Council, Inc., the recreation council, and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard with the activity or the activity premises and their respective agents, personal repre-sentatives, heirs, employees, contractors, successers and assigns (each on "activity representative" and collectively the "activity representatives*), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity. I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in
part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore Courty and/er the recreation council do not perform criminal and/or background checks on activity representatives. I shall present a government-issued photo identification card, including but not limited to my driver's license, passport, or United States Visa, to the activity representative for review, if requested, at the time I submit this registration form to the recreation council. I AGREE in consideration for my participation in the Baltimore County Horse Council Equestrian Program at the Agricultural Center to the following:
I AGREE that I choose to participate voluntarily in the Baltimore County Horse Council Equestrian Program at the Agricultural Center, or as a parent or guardian of a minor. I am fully aware and acknowledge that horse sports and the Baltimore County Horse Council Program involve inherently dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death collectively, "Harm"). I AGREE to release Baltimore County Maryland/Baltimore County Horse Council, Inc. and their respective trustees, officers, employees, agents, attorneys and its and their heirs, administrators, successors and assigns "Releasees") 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 the Harm resulted, directly or indirectly, from the negligence of Baltimore County Maryland/Balti-more County Horse Council at the Agricultural Center. Further, AGREE to expressly assume all risks of HARM to me or my horse. I AGREE to indemnify, that is to pay any losses, damages, attorney's fees and costs incurred by Baltimore County Maryland/Baltimore County Horse Council, Inc. and/or any of the Re-leasees and hold them harmless with respect to clairs for Harm to me or my horse and property, and for claims made by others for any Harm caused by me or my horse or property while participating in the Baltimore County Horse Council Equestrian Program, at the Agricultural Center. understand that I must wear approved protective headgear while Equestrian at the Agricultural Center in Baltimore County Maryland, while participating in the Baltimore County Horse Council Equestrian Program and understand that no protective equipment can guard against all injuries. If I am a parent or guardian of a minor, I consent to the child's participation in the Baltimore County Maryland/Baltimore County Horse Council Equestrian Program at the Agricultural Center, and AGREE to assume all of the obligations of this Release on the child's behalf. I AGREE that *The Baltimore County Horse Council Equestrian Program" at the Agricultural Center and "Baltimore County, Maryland" as used above includes all of their directors, instructors, employees, personnel, and volunteers. BY SIGNING BELOW, I AGREE to be bound by all applicable terms and provisions of this Release.

Office Fee:	$25.00
Late Free $10.00	
Class Fee # _____ @ $25.00	
Coggins-Assession Number	
Date Read	

Make Checks Payable To: BCHC
Venmo Accepted.
NO CREDIT CARDS

Do you grant us permission to use photos taken at this event that you may appear in for our social media and website efforts? ☐ YES ☐ NO

Exhibitor Signature: _____ Exhibitor Print Name: _____

Parent/Guardian Name: _____ Parent/Guardian Signature _____