



ONE OWNER PER ENTRY BLANK

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED AND A CURRENT NEGATIVE COGGINS TEST.

*** You must declare if you want A or B circuit high points for each entry (does not apply to Academy entries) ***

OWNER'S NAME: _____ Cell Phone: _____ ASHA# _____
JULY 27-29, 2018 • ENTRIES CLOSE: FRIDAY, JULY 20th

| | | | | | | | | | | | |
|-------------------------------------|----------|--|--------------------------|--------------|-------------------|-------------|-----------|-----------|-----------|------------|------------|
| Circle A or B for each entry | * | | NAME OF HORSE | REG. # | RIDER/DRIVER NAME | CLASS/FEE | CLASS/FEE | CLASS/FEE | CLASS/FEE | TOTAL FEES | |
| | A | | | | | | | | | | |
| | B | | | | | | | | | | |
| | A | | | | | | | | | | |
| | B | | | | | | | | | | |
| | A | | | | | | | | | | |
| | B | | | | | | | | | | |
| | A | | NAME OF EQUITATION RIDER | CITY & STATE | | RIDER'S AGE | CLASS/FEE | CLASS/FEE | CLASS/FEE | CLASS/FEE | TOTAL FEES |
| | B | | NAME OF EQUITATION HORSE | | | REG. # | | | | | |
| | A | | NAME OF EQUITATION RIDER | CITY & STATE | | RIDER'S AGE | CLASS/FEE | CLASS/FEE | CLASS/FEE | CLASS/FEE | TOTAL FEES |
| | B | | NAME OF EQUITATION HORSE | | | REG. # | | | | | |

FOR COMPETITION USE:

Ck# _____ Ck Amt. _____

Date Rec. _____ Monies Over _____

EB# _____ Monies Under _____

Memberships: OK DUE

Make checks payable to:
 Mid-America Horse Show Assn.

Mail entries to:
 Kristen Pettry, Show Secretary
 P.O. Box 1118
 New Lenox, IL 60451
 Ph: 815-347-4395
 Email: kristenpettry@aol.com

TOTAL ENTRY FEES: \$ _____

_____ Box Stalls @ \$95.00 _____

_____ Tack Stalls @ \$95.00 _____

_____ Office Fee @ \$30.00 per horse (Mandatory Charge) _____

_____ Mid-America Dues, Enrollments _____

_____ TBA Class Sponsorship @ \$75 _____

_____ Camper Hook-Up @ \$25 per day _____

_____ Bags of Shavings @ \$10 each (Shavings must be ordered in advance) _____

Stable With: _____

Arrival Date: _____

Emergency Cell Number (required): _____

Email Address (required): _____
 (We will email you with TBA class updates)

TOTAL CHARGES \$ _____

Signatures required on REVERSE side – NO entries will be accepted without required signatures. PLEASE COMPLETE BOTH SIDES OF THIS ENTRY BLANK.

ENTRY AGREEMENT

By entering this Competition and signing this entry blank as the Owner, lessee, Trainer, Manager, Agent, Coach, Driver, Rider, or Handler and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Mid-America Horse Show Assn. Rules and the local rules of the competition. I agree to be bound by the Rules of Mid-America and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the association, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the competition may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Mid-America Rules are governed by the laws of the State of Illinois, and any action instituted against it must be filed in Illinois.

Release, Assumption of Risk, Waiver and Indemnification.
This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition to the following:

I AGREE that the "Association" and "Competition" as used herein includes the Mid-America Horse Show Association and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Association affiliates.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. ("Harm").

I AGREE to hold harmless and release the Association and the Competition from all claims for money damages or otherwise for an Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Association or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Association or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Association and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while at the Competition. I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in the Competition.

I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the Competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of the entry blank and all terms and provisions of the Prize List.

| RIDER/DRIVER/HANDLER/Vaulter/Longeur (mandatory) | OWNER/AGENT SIGNATURE (mandatory) | TRAINER SIGNATURE (mandatory) | COACH SIGNATURE (mandatory) |
|--|-----------------------------------|-------------------------------|-----------------------------|
| Signature: _____ | Signature: _____ | Signature: _____ | Signature: _____ |
| Print Name: _____ | Print Name: _____ | Print Name: _____ | Print Name: _____ |
| Street: _____ | Street: _____ | Street: _____ | Street: _____ |
| City: _____ | City: _____ | City: _____ | City: _____ |
| State/Zip: _____ | State/Zip: _____ | State/Zip: _____ | State/Zip: _____ |
| Phone: _____ | Phone: _____ | Phone: _____ | Phone: _____ |

PARENT/GUARDIAN SIGNATURE

(required if Rider/Driver/Handler is a minor)

Signature: _____
Print Name: _____
Street: _____
City: _____
State/Zip: _____
Phone: _____