ONE OWNER PER ENTRY BLANK — Entries Close March 14

Enclose copy of registration papers showing proof of current ownership for each entry, plus copy of ASHBA membership card for each owner/exhibitor/trainer. (Miscellaneous and Walk/Trot classes exempt.) All horses must have a negative Coggins test within the past 12 months, and proof of Rhinopneumonitis (Rhino/flu) vaccination within 6 months of entering stables.

March 21-2	23, 2025
CA Horse	ring
AMER	Ving !
Ho	rse Show

		\$25 CHARGE FOR E
OWNER'S NAME _	ASHBA#	INCOMPLETE ENTI

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	Name of Horse	Age	Color	Sex	Ht.	Reg #	Ride	r/Driver	Name		ASHA#	Class	Class	Class	Class	Total Fees	
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	Name of Equitation Rider					City & State		Ride	er's Age		ASHA#	Class	Class	Class	Class	Total Fees	
												Fee	Fee	Fee	Fee	10(a) 1 663	
	Name of Equitation Horse							Age	Color	Sex	Reg. #	+					
	·																
	Name of Equitation Rider					City & State		Ride	er's Age		ASHA#	Class	Class	Class	Class	Total Fees	
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	Name of Equitation Horse							Age	Color	Sex	Reg. #						
FOR COM	PETITION USE:	7		lake c	hecks	payable to:	TOTAL ENT	RY FEES	<b></b>						\$		
						rse Show Assn.											
Ck#	Ck Amt			Ma	ail ent	ries to:					y entered after Marcl						
Date Rec.	Monies Over		Kris	ten Pe	ttry, S	how Secretary											
	Monies Under					x 4180 , IL 60011	#Tac	k Stalls @	\$135.00	)							
EB#			Emo			47-4395 try@gmail.com	#Shavings @ \$12/Bag										
		┙	EIIIa	II. KIIS	enpe	ury@gman.com	#Pre	mier Hos	pitality Sp	onsorship	o* (Optional Charge)	See Prize L	ist, Page	10 for de	tails _		
Ctable With							*Ho	w you'd l	ike to be	recognize	d						
	:						#Offi	ce Fee @	) \$35.00 <u>j</u>	oer rider	(Mandatory Charge)						
Arrival Date	:							_			)						
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												TOTAL OF	IMRUES		Þ		

## **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 (if applicable)
Signature:	Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:	Print Name:
Street:	Street:	Street:	Street:
City:	City:	City:	
State/Zip:	State/Zip:	State/Zip:	State/Zip:
Phone:	Phone:		
Fax:	Fax:	Fax:	Fax:
Email:	Email:		
Rider/Driver/Handler's ASHA#:	Owner's ASHA#:	Trainer's ASHA#:	Coach's ASHA#:
If more than one, attach signed copy of this page.		Trainer's UPHA#:	Coach's UPHA#:
Parent/Guardian Signature: (Required if Rider/Driver/Handler	is a minor)	Print Parent/Guardian Name: _	
Emergency Contact Phone Number			