

KHJA Fall Classic



MAKE CHECKS PAYABLE TO :

MAIL ENTRIES TO:

ARRIVAL DATE:

KHJA

Julie Moses

381 Windom Ln.

Nicholasville, KY 40356

STABLE WITH:

ENTRIES CLOSE SEPTEMBER 2, 2016

STALL FEES MUST ACCOMPANY ENTRY FORM OR IT WILL BE RETURNED

Table with columns for Check Boxes For Divisions, Horse Name, Color, Sex, Height, Yr Foaled, Green Year, Measurement, and various riding disciplines.

WRITE IN CLASS NUMBERS FOR MISCELLANEOUS CLASSES AND EQUITATION

COMPETITION ENTRY AGREEMENT

By signing this entry blank as the Owner, Lessee, Trainer, Agent, Coach or Rider and on behalf of myself and my representatives, employees or agents, I agree that I will abide by the rules set forth by this competition.

Competition Release, Assumption of Risk Waiver and Indemnification

This Document waives important legal rights. Read it carefully before signing.

I agree, for my participation in this Competition to the following:

I Agree that I choose to participate voluntarily in the Competition with my horse, as a rider, lessee, Owner, agent, coach, trainer or as a 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 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 the "Harm" resulted directly or indirectly from the negligence of the Competition.

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

I Agree to indemnify 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 at the Competition.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to assume all of the obligations of this Release on the child's behalf.

I Agree that "Competition" as used above includes all officials, officers, directors, employees, agents, personnel and volunteers.

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.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____

CREDIT CARDS NOT ACCEPTED

Main form area containing signature lines for Owner, Rider 1, Rider 2, and Trainer, along with contact information and a fee schedule table.

Table listing fees: Total Entry Fees, Stall @ \$125 KHJA Mbr. / \$150 Non-KHJA Mbr., Tack @ \$125 KHJA Mbr. / \$150 Non-KHJA Mbr., KY Horse Park Ring Maintenance fee \$10.00, Administration Fee \$35.00, Ground fee (All trailer-ins without stall) \$25.00, Non-Showing Horse \$50.00, Total Amount Due, Rcvd ck#, Amount Enclosed, Balance Due.