Mail Completed To:
Julie Moses
381 Windom Lane
Nicholasville, KY 40356

# The Fall Classics Horse Show

Only One Horse Per Entry Blank

**ENTRIES CLOSE AUGUST 31, 2015**

All Entry Fees and Stall Rentals Must Accompany Entry Blanks. (No entry fees returned without Certified Veterinary Certificate). No refund on stall fees.

| Name of Horse | Color | Sex | Ht. | Age |
|---|---|---|---|---|
| | | | | |

**DIVISION ENTRIES** (Put X in boxes below to enter all classes in that division.)

| Amateur Owner Hunter | Junior Hunter | Low Child Adult Jumper | Pre-Green Hunter | Low Working Hunter | Adult Amateur Hunter | Children's Hunter | Special Hunter | Baby Green | Limit Rider | Intermediate Adult | Intermediate Children's Hunter | Short Stirrup Hunter | Beginner Horse | Long Stirrup | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Name of Rider

| Beginner Rider | Cross Rails Eq | Walk/Trot Eq | Hopeful Jumper | Schooling Jumper | Children's/ Adult Jumper | JR/AO Jumper | Open Jumper | Intermediate Child/Adult Jumper | Training Jumper | TB Hunter 2'6" | TB Hunter 3' | TB Jumper 2'6" | TB Jumper 3' | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Equitation Rider Name, City, State

| EQUITATION | CLASS | NUMBERS | Individual Class Numbers (Other than Section) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

## 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 if 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.

**BY SIGNING BELOW, I AGREE** to bound by all terms and provisions of this entry blank.

| | | | |
|---|---|---|---|
| Total Entry Fee | | | |
| **Reserve** | Box Stall @ $120 for KHJA Members, $135 Non-Members | | |
| | | | |
| Grounds Fee (All trailer-ins without a stall) - $25.00 | | | |
| Administration Fee | | $35 | |
| Non-Showing Horse | $50.00 | | |
| | | | |
| | | | |
| | Total Amount Due | | |
| Rcvd Ck.# | Rcvd Ck.# Amount Enclosed | | |
| | Balance Due | | |
| **Make Checks Payable to KHJA** | | | |
| | | | |
| | | | |

**Owner:** _____
Street Address: _____
City/State/Zip: _____
SS#/TIN#:_____Corporation? Yes____ No ____
Name Associated with SS/TIN: _____
Phone #/Fax #: _____
**Owner Agent Signature:** _____

**Trainer:**_____
Street Address: _____
City/State/Zip: _____
Phone #/Fax #: _____
**Trainer Signature:** _____
Coach:_____ Coach USEF#: _____
**Coach Signature:** _____

**Rider #1:**_____**DOB:**
Street Address: _____
City/State/Zip: _____
**Rider/Agent Signature:** _____
**Parent/Guardian Signature(Required if Rider/Driver/ Handler is a minor)**_____

**Rider #2:**_____**DOB:** _____
Street Address: _____
City/State/Zip: _____
**Rider/Agent Signature:**_____
**Print name and emergency contact number below:**
_____