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:
_____