

ENTRY AGREEMENT

By entering and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the rules of Indianapolis Charity Horse Show (Competition). I agree to be bound by the Bylaws and Rules 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, 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, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition, or sport. 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 Competition rules are governed by the laws of the State of Indiana, and any action instituted against the Competition must be filed in Indiana State.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any Competition Event. If, despite this Agreement, I or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim,

BY SIGNING BELOWM I AGREE to be bound by all applicable Competition rules and all terms and provisions of this entry blank and all terms and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

Owner (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

Signature _____
Owner

Print Name _____

Address _____

City, State, Zip _____

Cell
Phone _____

E-Mail _____

ASHA# _____ AHHS # _____

UPHA # _____ ARHPA # _____

Trainer (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

Signature _____
Trainer

Print Name _____

Address _____

City, State, Zip _____

Cell
Phone _____

E-Mail _____

ASHA# _____ AHHS # _____

UPHA # _____ ARHPA # _____

Rider/Driver/Handler/Agent (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

Signature _____
Rider

Print Name _____

Address _____

City, State, Zip _____

Cell
Phone _____

E-Mail _____

ASHA # _____ AHHS # _____

UPHA # _____ ARHPA # _____

Rider or Coach (If applicable)

Signature _____
Rider or Coach

Print Name _____

Address _____

City, State, Zip _____

Cell
Phone _____

E-Mail _____

ASHA # _____ AHHS # _____

UPHA # _____ ARHPA # _____

INDIANAPOLIS CHARITY HORSE SHOW

JUNE 2-5, 2021

ENTRIES CLOSE MAY 5, 2021

OWNER'S NAME _____

TRAINER'S NAME _____

SHOW SECRETARY: JUDY McMANAMA, 11930 E 211TH ST, NOBLESVILLE IN 46060 Email: judymack26@gmail.com

Only one owner per entry form. Please print or type. All entries must be complete. Enclose fees, copies of registration papers, lease agreement or certificate to show.

	NAME OF HORSE/PONY	REG NO.	COLOR	SEX	HEIGHT	YOB	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS			ENTRY FEES
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS			ENTRY FEES
	NAME OF HORSE/PONY	REG NO.	COLOR	SEX	HEIGHT	YOB	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS			ENTRY FEES
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS			ENTRY FEES
	NAME OF HORSE/PONY	REG NO.	COLOR	SEX	HEIGHT	YOB	
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS			ENTRY FEES
RIDER/DRIVER		UPHA#/AHHS#	JR EXHIB AGE	CLASS NUMBERS			ENTRY FEES

Each person signing this entry form acknowledges that he/she has read the front and reverse side of this entry form and agrees to the applicable forms, conditions, waivers and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.

Stable With: _____

Horse Arrival _____ Horse Departure _____

Date _____ Date _____

Trainer's Hotel _____

Emergency Contact Number _____

Cell Phone Preferred _____

We cannot accept American Express cards

Check Visa MasterCard Discover

Account #

Exp. Date: _____

A 4% surcharge on credit card payments will be applied

Security Code: _____

Zip Code: _____

Printed Name On Card _____

Street Address of Card _____

TOTAL ENTRY FEES _____

POST ENTRY FEES _____

_____ \$25 per horse _____

_____ Tack @ \$125 ea _____

_____ Academy Stalls @\$60 ea _____

VEHICLE PASS _____ @ \$40 ea _____

OFFICE FEE _____

_____ @ \$20 per Horse _____

RING SIDE TABLE @ \$175 _____

TOTAL DUE

Signature: _____

**MAKE CHECKS PAYABLE TO:
INDIANAPOLIS CHARITY HORSE SHOW**

PLEASE COMPLETE REVERSE SIDE