

ONE OWNER PER ENTRY FORM

OWNER/AUTHORIZED AGENT NAME		ASHA#	MID-AMERICA CHARITY HORSE SHOW ENTRY FORM		TRAINER NAME		ASHA #
ADDRESS					ADDRESS		
CITY/STATE/ZIP			OWNER E-MAIL		CITY/STATE/ZIP		
PHONE (circle Mobile/Home/Work)	SIGNATURE (Parent/Guardian if Exhibitor Under 18)		TRAINER E-MAIL		PHONE (circle Mobile/Home/Work)	SIGNATURE	

NAME OF HORSE			BREED	REGISTRATION #	COGGINS # (12-MONTH)	OUT OF STATE HEALTH CERTIFICATE # / STATE				
OFFICE USE EXHIBITOR #	NAME OF RIDER/HANDLER		ADDRESS (CITY/STATE)		JR. EXH. AGE	CLASSES ENTERED				TOTAL HORSE ENTRY FEES
		ASHA#				CLASS #				
						ENTRY FEE				

NAME OF HORSE			BREED	REGISTRATION #	COGGINS # (12-MONTH)	OUT OF STATE HEALTH CERTIFICATE # / STATE				
OFFICE USE EXHIBITOR #	NAME OF RIDER/HANDLER		ADDRESS (CITY/STATE)		JR. EXH. AGE	CLASSES ENTERED				TOTAL HORSE ENTRY FEES
		ASHA#				CLASS #				
						ENTRY FEE				

READ CAREFULLY

Every entry at a recognized competition shall constitute an agreement and affirmation that the person making it, owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse for themselves, their principals, representatives, employees and agents: (1) shall be subject to the constitution and rules of the association and the local rules of the competition; (2) represent that every horse, rider and/or driver is eligible as entered; (3) agree to be bound by the constitution and rules of the Missouri Horse Shows Assn. (MHSA), the Pony Express Horse Show Circuit, Inc. (PEHSC) and the competition and will accept as final the decision of the Show Committee on any question arising under said rules and agree to hold the competition, the Mid-America Saddlebred Horse Club (MASHC), the MHSA, the PEHSC, the Jackson County Parks & Rec, their officials, directors, volunteers and employees harmless for any action taken; and (4) that the owner/rider/driver and any of their agents or representatives acknowledge that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk, and by participating they expressly assume any and all risks of injury or loss, and they agree indemnify and to hold the MASHC, MHSA, PEHSC, and Heartland Therapeutic Riding and their officials, directors, employees and agents harmless from and against all claims including injury or loss suffered during or in connection with competition whether or not such claim, injury, or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, volunteers, employees or agents of the MASHC, MHSA, PEHSC, the competition, or Heartland's. The construction and application of MHSA and PEHSC rules are governed by the laws of the State of Missouri. **By signing above, I acknowledge that I have read the Disclaimer and agree to all of its provisions.**

06/2016

Total Entry Fees = _____

Sponsorship = _____

Stalls: ____ @ \$55 = _____

Total Amount Due: _____

**Make checks payable to:
Mid-America Saddlebred Horse Club**

Check # _____
Cash _____ Amt. Rcvd. _____