

OWNER'S NAME _____

TRAINER'S NAME _____

SHOW SECRETARY: JUDY McMANAMA, 11930 E 211TH ST, NOBLESVILLE IN 46060 Phone: 317-750-7590

Please type or print. Only one owner per entry form. All entries must be complete. Enclose correct fee, copies of registration papers, purchase contract (if applicable), measurement card, USEF membership cards for each rider, driver, handler, owner, trainer, coach, and amateur certification (if applicable). Owners and trainers of Saddlebreds, Hackneys and Roadsters enclose a copy of ASHA, AHHS and ARHPA membership cards.

	NAME OF HORSE/PONY	ADHHA #					SEX	COLOR	HEIGHT	YOB
							Sire: Dam:			
RIDER/DRIVER/HANDLER		JR EXHIB DOB	Class No	Entry Fee	Class No	Entry Fee	Class No	Entry Fee	Class No	Entry Fee
	NAME OF HORSE/PONY	ADHHA #					SEX	COLOR	HEIGHT	YOB
							Sire: Dam:			
RIDER/DRIVER/HANDLER		JR EXHIB DOB	Class No	Entry Fee	Class No	Entry Fee	Class No	Entry Fee	Class No	Entry Fee
	NAME OF HORSE/PONY	ADHHA #					SEX	COLOR	HEIGHT	YOB
							Sire: Dam:			
RIDER/DRIVER/HANDLER		JR EXHIB DOB	Class No	Entry Fee	Class No	Entry Fee	Class No	Entry Fee	Class No	Entry Fee

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.

Stabling Information
Stable With
Horse Arrival Date
Horse Departure Date
Trainer's Hotel
Emergency Contact Number Cell Phone

Billing Information	
Address	
City, State, Zip	
Phone Number	
Email	
Payment Information	
<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
<i>We cannot accept American Express cards A 4% surcharge on credit card payments will be applied</i>	
Cardholder Name	
Account No	
Exp Date	Security Code
Signature	

MAKE CHECKS PAYABLE TO:
ALL AMERICAN HORSE CLASSIC

TOTAL ENTRY FEES	
POST ENTRY FEES	
\$30 Per Horse	
STALLS	
Horse (\$180 each)	
Tack (\$180 each)	
VEHICLE PASS	
(\$50 each)	
OFFICE FEE	
\$30 PER HORSE	
RINGSIDE TABLE	
\$300 PER 6 SEATS	
TOTAL AMOUNT DUE:	



ALL AMERICAN HORSE CLASSIC

PLEASE COMPLETE REVERSE SIDE
FILL IN ALL INFORMATION ON BOTH SIDES INCLUDING EMAIL ADDRESSES AND
EMERGENCY/CELL PHONE NUMBERS

ALL AMERICAN HORSE CLASSIC **ADHHA ENTRY AGREEMENT**

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employees and agents shall be subject to the rules of the All American Horse Classic and the Indiana State Fairgrounds, and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the above, its officers, directors, and employees harmless for any action taken.

Assumption of Risk, Waiver, and Indemnification
This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition, the All American Horse Classic, to the following:

- I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as 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, the All American Horse Classic and the Indiana State Fairgrounds 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 (that is, to pay any losses, damages, or costs incurred by) the Competition, the All American Horse Classic and the Indiana State Fairgrounds 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. I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.
- If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to assume all the obligations of this Release on the child’s behalf.
- I AGREE that the All American Horse Classic and the Indiana State Fairgrounds, as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
- 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 on the official USEF accident/injury report form.
- I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW I AGREE to be bound by all applicable ALL AMERICAN HORSE CLASSIC, INDIANA STATE FAIRGROUNDS RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY BLANK. 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

U.S. Citizen ___Y ___ N

Owner Signature

Print Name
Address
City, State, Zip
Cell Phone
Email

ADHHA #	
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Trainer (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen ___Y ___ N

Trainer Signature

Print Name
Address
City, State, Zip
Cell Phone
Email

ADHHA #	
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Rider/Driver/Handler/Agent (Mandatory)

Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen ___Y ___ N

Rider/Driver/Handler/Agent Signature

Print Name
Address
City, State, Zip
Cell Phone
Email

ADHHA #	
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Rider or Coach (If applicable)

Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen ___Y ___ N

Rider or Coach Signature

Print Name
Address
City, State, Zip
Cell Phone
Email

ADHHA #	
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