ONLY ONE (1) OWNER PER FORM

OWNER

Print Name of Legal Owner (Signature on Back)

Street or P.O. Box of Owner or Agent

City | State | Zip

Phone No. of Owner | Owner Email Address

USEF # | BREED#

All American Horse Classic Horse Show

September 15-19, 2026

ADHHA ENTRY

COMPLETE ALL FORMS

ENTRIES CLOSE AUGUST 31

TRAINER

Print Trainer's Name (Signature on Back)

Street or P.O. Box of Trainer

City | State | Zip

Phone No. of Trainer | Trainer Email Address

USEF # | BREED#

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)	TOTAL FEES	DESCRIPTION		BREED REG # & USEF REC #	RIDER, DRIVER OR HANDLER and USEF/BREED
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	
			Sex:	DOB:	BREED REG#	NAME:
			Color:	Height:	USEF REC#	

CREDIT CARD PAYMENT INFORMATION

Name as it appears on card

Card Number / Type

Exp. Date | Billing Zip Code

3 digit security code

Cardholder's Signature

Note – 4% transaction fee to be applied

MAKE ALL CHECKS PAYABLE TO:
All American Horse Classic

NO ENTRIES ACCEPTED UNLESS ACCOMPANIED BY MINIMUM PAYMENT FOR STALLS AND HORSE FEES – CHECK OR CREDIT CARD
(VISA, MC, DISCOVER, ONLY)
MAIL ENTRIES TO:
Lori Nelson
956 Hill Rd., Paris, KY 40361
or email: loriluvshorses@yahoo.com
*****DO NOT SEND ENTRIES BY SIGNATURE REQUIRED DELIVERY**

ENTRY FEES ..... $ _____
OFFICE FEES (PER HORSE) ..... (____) x $ 35 $ _____
STALLS, ... (____) x $190 $ _____
VEHICLE PASS ..... (____) x $ 50 $ _____
SPONSORSHIP ..... $ _____
$400 VIP TABLE.(6 SEATS) ..... (____) x $400 $ _____
$250 3 FT BISTRO (4 SEATS) ..... (____) x $250 $ _____
$250 ROUOND COCKTAIL (4 SEATS) ..... (____) x $250 $ _____
TOTAL ENCLOSED ..... $ _____

STABLE WITH _____

Office Use Only – Amt Paid _____ Check No. _____ Horse #'s _____

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

Trainer (Mandatory)
Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen ___Y ___ N

_____
Trainer Signature

Rider/Driver/Handler/Agent (Mandatory)
Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen ___Y ___ N

_____
Rider/Driver/Handler/Agent Signature

Rider or Coach (If applicable)
Parent/Guardian/Agent if exhibitor is a minor

U.S. Citizen ___Y ___ N

_____
Rider or Coach Signature