Office Use Only

THOROUGHBRED HERITAGE HORSE SHOW ENTRY FORM

November 1, 2020

Entries Close October 28, 2020

Easy On Line Entry at: www.thoroughbredheritagehorseshow.com

Office Use Only

Coggins _____

Date Blood Drawn_____

Horse's Name:_____ **T.I.P #**_____

JC Registered Name:_____ **Date Foaled**:_____

Owner:_____

For each 5 horse stalls paid from a barn we will give 1 free tack stall.

Classes:

Rider #1_Name:_____

Rider #2 Name:_____

Stall $65.00 per Stall # of stalls _____	
Stable With:	
Non Showing Horse Fee $25.00	
Grounds Fee 1 per horse without a stall $25.00	
Office Fee $10.00	
Late Fee $25.00	
Class Fee $20.00	
Derby and Jumper Classic $50.00	
Dressage Tests @ $25.00 each	
Total	
No fee to scratch	
Make checks payable to: **Rocking Horse Show Services**	
Mail Entries to:	
Rocking Horse Show Services LLC **Erin Mitchell 434-882-4635** 4878 Three Chopt Rd Troy, Va. 22974 Or email entries to thoroughbredheritage@gmail.com Visit our website for easy on line entering	

Horse Show Release, 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 to the following:
I AGREE that the "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longueur, 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 hold harmless and release the Federation and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, 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 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 while at the Competition.
I have read the Rules about protective equipment, including GR801 and, if applicable, EV114 and 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 all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. I represent that I have the requisite training, coaching and abilities to safely compete in this competition. 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. BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank 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.
Parent/Guardian Signature: (Required if Rider/Handler is a minor)_____

Print Parent/Guardian Name: _____

Owner or Agent (mandatory)
Trainer (mandatory)

Signature: _____

Print Owner Name: _____

Address: _____

_____

Cell _____

E-mail _____

Rider #1 (mandatory)

Signature: _____

Print Name: _____

Address: _____

_____

Cell _____

E-mail_____

Rider #2 (mandatory)

Signature: _____

Print Name: _____

Address: _____

_____

Cell _____

E-mail_____

Signature: _____

Address: _____

_____

_____

Cell _____

E-mail_____

Prize Money Payee Name:_____ SS# _____