

RIVER RIDGE CHARITY HORSE SHOW

April 26-29, 2017

15503 US Hwy 23, Lucasville, OH 45648

(740) 464-5053 or (740) 352-8562

One horse per entry blank. Pre-entries close April 11, 2017

Please use only this official entry form, no other forms will be accepted. Copies are permitted.

PLEASE PRINT. (Fill out completely)

Owner _____ ASSOC/UPHA# _____
(as shown on registration papers)
 Address _____ City/State/Zip _____

E-mail _____ Phone # _____ Cell Phone# _____

Trainer _____ ASSOC/UPHA# _____
 Address _____ City/State/Zip _____

E-mail _____ Phone # _____ Cell Phone# _____

Rider #1 _____ Date of Birth: _____ ASSOC/UPHA # _____
 Address _____ City/State/Zip _____

Rider #2 _____ Date of Birth: _____ ASSOC/UPHA # _____
 Address _____ City/State/Zip _____

Horse Name: _____ Registration # _____
 Color _____ Sex _____ Age _____ Height _____

Class # _____
 Rider# _____
 Entry Fee\$ _____

Total Entry Fees:	\$
Stalls At \$125.00 (No. Of Stalls _____)	\$
Office Fee Per Horse	\$ 25.00
Box Seats \$25 Per Seat (No. Of Seats _____)	\$
Post Entry Fee (After 4/11/17) \$25 Per Horse	\$
Early Arrival \$25 Per Stall – IF ARRIVING BEFORE APRIL 24, 2017	\$
Credit Card Convenience Fee \$10.00	\$
TOTAL REMITTANCE:	\$

____ VISA ____ MASTERCARD ____ AM EXPRESS

Account# _____

V-Code _____ Exp. Date _____

Name On Card _____

Billing Zip Code _____

Signature _____

Make checks payable to
River Ridge Charity Horse Show

Amount Paid \$ _____ Check No. _____

Name: _____

STABLE WITH: _____

AGREEMENT ON REVERSE MUST BE SIGNED

SIGNATURES BELOW INDICATE THAT YOU HAVE READ AND UNDER THE FOLLOWING.
SIGNATURES REQUIRED IN THREE (3) PLACES

Unsigned entries will not be accepted. Carefully read this agreement before signing.

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 principals, representative, employees and agents; (1) shall be subject to the rules of the River Ridge Charity Horse show; (2) represent that every horse, rider, driver and handler is eligible as entered; (3) agree to be bound by the rule of the River Ridge Charity Horse Show and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold Ohio Exposition Center/Ohio State Fairgrounds and the River Ridge Charity Horse Show, its officers, directors and employees harmless for any action taken; and (4) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death and by participating they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold Ohio Expositions Center/Ohio State Fairgrounds and the River Ridge Charity Horse Show and their officers, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with the competition, whether or not such claim, injury or loss results, directly or indirectly, from the negligent acts or omissions of said officers, directors, employees or agents of Ohio Expositions Center/Ohio State Fairgrounds and the River Ridge Charity Horse Show.

I consent to authorizing show management to contact the show veterinarian if, in the opinion of show management, the horse has a serious illness or injury and the owner or trainer is not readily available.

The signatures below indicate that each of us had read and understand the above.

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR
(mandatory)

Signature: _____

Print Name: _____

TRAINER
(mandatory)

Signature: _____

Print Name: _____

OWNER/AGENT
(mandatory)

Signature: _____

Print Name: _____

COACH
(if applicable)

Signature: _____

Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) _____

Print Parent//Guardian Name: _____

Emergency Contact Phone No. _____

I AM STAYING AT: _____ Telephone No. _____

(Campground/Hotel/Motel Name)