

ONE OWNER PER ENTRY BLANK

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED.

OWNER'S NAME _____

	Name of Horse	Age	Color	Sex	Ht.	Reg. #	Rider/Driver Name	Class	Class	Class	Class	Total Fees
								Fee	Fee	Fee	Fee	

	Name of Equitation Rider	City & State	Rider's Age			Reg. #	Class	Class	Class	Class	Total Fees
			Age	Color	Sex		Fee	Fee	Fee	Fee	

	Name of Equitation Rider	City & State	Rider's Age			Reg. #	Class	Class	Class	Class	Total Fees
			Age	Color	Sex		Fee	Fee	Fee	Fee	

FOR COMPETITION'S USE:

Ck # _____	Ck Amt. _____
Date Rec. _____	Monies Over _____
EB # _____	Monies Under _____
Memberships:	<input type="checkbox"/> OK <input type="checkbox"/> DUE

TOTAL FEES:

- # _____ Classes @ \$35.00 _____
- # _____ Championships @ \$40.00 _____
- # _____ Box Stalls @ \$85.00 _____
- # _____ Tack Stalls @ \$85.00 _____
- # _____ **Office Fee** @ \$15.00 per horse (Mandatory Charge) _____
If you need more space, use additional entry forms.
- # _____ Mid-America Dues, Enrollments _____
- # _____ Camper Hook-Up @ \$20 per day _____
- # _____ Bags of Shavings @ \$7 each _____

Stable With: _____

Arrival Date: _____

Shaving Orders: _____

Shavings must be ordered in advance to facilitate delivery.

Local Hotel: _____

TOTAL CHARGES _____



July 31-August 2, 2008
THURSDAY – SATURDAY
ENTRIES CLOSE JULY 15th

WARNING: Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

All horses must have a Negative Coggins Test within the past twelve (12) months. Out of state horses must have an entrance permit required by Illinois Dept. of Agriculture, as well as a health certificate.

Signatures required on REVERSE side. – NO entries will be accepted without required signatures. PLEASE COMPLETE BOTH SIDES OF THIS ENTRY BLANK.

**Make checks payable to :
 MID-AMERICA HORSE SHOW ASSN.
 Mail entries to: Cheryl Rangel, Executive Secretary, 1101 Peace Dr., Wheeling, IL 60090**

Entry Agreement

By entering this Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, or Handler and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Mid-America Rules and the local rules of the competition. I agree to be bound by the Rules of Mid-America and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the competition may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Mid-America Rules are governed by the laws of the State of Illinois, and any action instituted against it must be filed in Illinois.

SIGNATURES REQUIRED IN PLACES (at X) BELOW

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, Mid-America Signature Show, to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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 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 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 all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf

I AGREE that "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank.

X _____

Rider, Driver, or Handler Signature (mandatory) Parent/Guardian Signature Required if rider, driver, handler is a minor.

Print Name: _____ Phone: _____
 Street: _____ Fax: _____
 City: _____
 State/Zip: _____ SS #: _____

X _____

Owner's or Agent's Signature (mandatory)

Print Name: _____ Phone: _____
 Street: _____ Fax: _____
 City: _____
 State/Zip: _____ SS #: _____

X _____

Trainer's Signature and numbers (mandatory)

UPHA#: _____
 Print Name: _____ Phone: _____
 Street: _____ Fax: _____
 City: _____
 State/Zip: _____ SS #: _____

X _____

Coach's Signature (if applicable)

Print Name: _____ Phone: _____

Is Rider/Driver/Vaulter a U.S. Citizen: _____ Yes _____ No