



JULY 1 - 3, 2010

# ONE OWNER PER ENTRY BLANK

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED,  
PLUS COPY OF CURRENT US EQUESTRIAN FEDERATION AND ASHA MEMBERSHIP CARDS FOR EACH OWNER, EXHIBITOR & TRAINER (MISCELLANEOUS, ACADEMY AND WALK/TROT CLASSES EXEMPT).

NO ENTRIES PROCESSED UNTIL MONEY RECEIVED.

Please complete both sides of this form — signature required

OWNER'S NAME: \_\_\_\_\_

ENTRIES CLOSE: JUNE 15, 2010

	NAME OF HORSE	AGE	COLOR	SEX	HT	HORSE REG. #	RIDER/DRIVER NAME	USEF#	CLASS FEE	CLASS FEE	CLASS FEE	CLASS FEE	TOTAL FEES

FOR COMPETITION'S USE:

Ck#	Ck Amt.
Date Rec.	Monies Over
	Monies Under
EB#	

Stable With: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Local Hotel: \_\_\_\_\_

MAKE CHECKS PAYABLE TO:  
**OSHKOSH CHARITY HORSE SHOW**

**MAIL ENTRIES TO:**  
OSHKOSH CHARITY HORSE SHOW  
VICKY HOLSTON  
35660 W. LAKE DRIVE  
OCONOMOWOC, WI 53066  
(262) 560-9764

OSHKOSH CHARITY HORSE SHOW WEB SITE:  
[WWW.HORSESHOWCALENDAR.COM](http://WWW.HORSESHOWCALENDAR.COM)

*Stalls Available Tuesday Afternoon June 29, 2010*

**THERE WILL BE A \$15.00 SERVICE FEE  
FOR EACH INCOMPLETE ENTRY.**

TOTAL ENTRY FEES .....

# \_\_\_\_\_ BOX STALLS @ \$115.00 .....

# \_\_\_\_\_ TACK STALLS @ \$115.00 .....

# \_\_\_\_\_ OFFICE FEE @ \$25.00/Horse (mandatory charge) .....

# \_\_\_\_\_ CAMPER HOOK UP @ \$50.00 each .....

# \_\_\_\_\_ RING SIDE TABLES (8 PERSON TABLE) @ \$300.00 (\$350.00 AT SHOW) .....

# \_\_\_\_\_ POST ENTRIES @ \$25.00/Entry .....

# \_\_\_\_\_ INCOMPLETE ENTRY FEE @ \$15.00 .....

TOTAL CHARGES ..... \$ \_\_\_\_\_

# OSHKOSH CHARITY HORSE SHOW

## SIGNATURES REQUIRED IN FOUR (4) PLACES (AT X) BELOW

Entries Not Signed Will Not Be Accepted \* Carefully Read This Agreement Before Signing!

### ENTRY AGREEMENT

By entering and signing this entry blank as Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the rules of this competition.

I agree to be bound by the rules 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, sport or the UPHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize an 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.

### 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 the Competition Oshkosh Charity Horse Show to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, longeur, lessee, owner, agent, coach, trainer or as parent or guardian of a junior exhibitor (age 18 & Under). I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including but not limited to broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release and hold harmless 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, for 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 of guardian of a junior exhibitor (age 18 & Under), 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 the Competition as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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 FEDERATION RULES AND ALL TERMS AND PROVISIONS OF THIS ENTRY BLANK.**

X  
Rider, Driver, or Handler's Signature (MANDATORY)  
(Parent/Guardian, if under 18, or if not available, trainer must sign)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Rider's ASHA #: \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_

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

Print Parent/Guardian Name: \_\_\_\_\_

Is Rider/Driver/Vaultor a U.S. Citizen: \_\_\_ Yes \_\_\_ No

X  
Trainer's Signature (MANDATORY)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Trainer's ASHA #: \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_

X  
Coach's Signature (IF APPLICABLE)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_

X  
Owner's or Agents Signature (MANDATORY)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Owner's ASHA #: \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_

**COMPLETE BOTH SIDES OF THIS FORM!**