



MAY 25-28, 2023

**ONE OWNER PER ENTRY BLANK**

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED, DOCUMENTATION OF EQUINE INFLUENZA VIRUS AND EQUINE HERPES VIRUS VACCINATION WITH 6 MONTHS PRIOR TO SHOW, NEGATIVE COGGINS TEST REQUIRED FOR EACH HORSE, PLUS HEALTH CERTIFICATES FOR OUT OF STATE HORSES, PLUS COPY OF CURRENT ASHA MEMBERSHIP CARD 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: \_\_\_\_\_

ASHA #: \_\_\_\_\_

UPHA #: \_\_\_\_\_

ENTRIES CLOSE: MAY 4, 2023

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

**Bedding / Feed For Sunday Must Be Ordered by Saturday  
Will Not Be On Premises Sunday**

FOR COMPETITION'S USE:

Ck#	Ck Amt.
Date Rec.	
EB#	

Cell Number \_\_\_\_\_

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

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

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

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

MAKE CHECKS PAYABLE TO:  
**MADISON CLASSIC HORSE SHOW**

**MAIL ENTRIES TO:**  
MADISON CLASSIC HORSE SHOW  
VICKY HOLSTON, SHOW SECRETARY  
N7887 Maple Ridge Road  
OCONOMOWOC, WI 53066  
(262) 510-6614  
E-MAIL: vholston@msn.com

**Quality Feed & Bedding**  
**920-866-2459 or 920-362-1054**

Shavings: \_\_\_\_\_  
Hay: \_\_\_\_\_  
Grain: \_\_\_\_\_  
Boards: \_\_\_\_\_

TOTAL ENTRY FEES \_\_\_\_\_

# \_\_\_\_\_ BOX STALLS @ \$175.00..... \_\_\_\_\_

# \_\_\_\_\_ PRIVACY PARTITIONS @ \$10.00..... \_\_\_\_\_

# \_\_\_\_\_ TACK STALLS @ \$175.00..... \_\_\_\_\_

# \_\_\_\_\_ E.S.C. Fee @ \$15 Performance, @ \$5 Academy (mandatory) \_\_\_\_\_

# \_\_\_\_\_ BANNER SPONSOR @ \$300.00..... \_\_\_\_\_

# \_\_\_\_\_ RINGSIDE TABLES @ \$300.00..... \_\_\_\_\_

# \_\_\_\_\_ EARLY ARRIVALS @ \$25.00/ Prior to May 19 ..... \_\_\_\_\_

\_\_\_\_\_ OFFICE FEE @ \$30.00/HORSE (mandatory charge)..... \_\_\_\_\_

# \_\_\_\_\_ POST ENTRY FEE (mandatory) if received after close ..... \_\_\_\_\_  
If received prior to May 4: \$25.00/horse. On or after May 23: \$50.00/horse

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

**Madison Classic Web Site: [www.horshowcalendar.com](http://www.horshowcalendar.com)**  
Stalls Available Tuesday, May 23 at noon



**MADISON CLASSIC HORSE SHOW ENTRY AGREEMENT**  
 SIGNATURES REQUIRED IN FOUR (4) PLACES (AT X) BELOW  
 Entries Not Signed Will Not Be Accepted \* Carefully Read This Agreement Before Signing!



I represent that I am eligible to enter and/or participate under the rules, and every horse I am entering is eligible as entered.

**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 Madison Classic Horse Show UPHA Chapter 3 / 4 to the following:

**I AGREE** that the “E.S.C.” and “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, 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 hold harmless and release the E.S.C. 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 E.S.C. or the Competition.

**I AGREE** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the E.S.C. or the Competition.

**I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the E.S.C. and 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 E.S.C. 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 E.S.C. 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.

**BY SIGNING THE BELOW, I AGREE** to be bound by all applicable E.S.C. 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.

**Owner (Mandatory)**

**Trainer (Mandatory)**

**Rider/Driver/Handler/Agent (Mandatory)**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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

UPHA #/ASHBA #: \_\_\_\_\_

UPHA #/ASHBA #: \_\_\_\_\_

UPHA #/ASHBA #: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

**COMPLETE BOTH SIDES OF THIS FORM!**