

JUNE 14-18, 2011

ILLINOIS STATE FAIRGROUNDS

MEMBER: U.S. EQUESTRIAN FEDERATION

**OWNER/AUTHORIZED AGENT**

NAME \_\_\_\_\_  
(PRINT NAME)  
E-MAIL: \_\_\_\_\_



Mail Completed Forms To:  
Cheryl Rangel  
1101 Peace Drive, Wheeling, Illinois 60090  
Telephone: (847) 537-4743

**TRAINER**

NAME \_\_\_\_\_  
(PRINT NAME)  
E-MAIL: \_\_\_\_\_

**SEE REVERSE:  
ADDITIONAL SIGNATURES REQUIRED**

**HORSE ARRIVAL DATE \***  
VERY IMPORTANT DUE TO STALL AVAILABILITY

**STABLE WITH**  
(Must appear on all entry blanks)

**Must include copies of membership  
cards and registered papers.**

#	NAME OF HORSE <small>(Arabic) Please list sire and dam names in blank under each entry</small>	COLOR	SEX	HT	AGE	BREED REG. #	NAME AND AGE OF RIDER / DRIVER	CITY & STATE	RIDER'S AGE	USER #	AHA #	CLASS	FEE	CLASS	FEE	CLASS	FEE	CLASS	FEE	TOTAL FEES	
																					AGE
	NAME OF EQUITATION RIDER																				
	NAME OF EQUITATION HORSE																				

Checks will be paid to owner unless specifically authorized:

Name \_\_\_\_\_ Signature \_\_\_\_\_

S.S.# or TAX ID# \_\_\_\_\_

Midwest Charity Horse Show is held in compliance with all laws and regulations of the United States and the State of Illinois and all exhibitors are notified to comply therewith with special reference to the Horse Protection Act of 1970 as amended and the Equine Activity Liability Act.

The undersigned agrees in connection with any use by the undersigned of the State Fair of Illinois and surrounding premises that access to and use of such Arena and surrounding premises shall be at the sole risk of the undersigned. The undersigned further agrees that no liability will arise out of any act or omission of any of them, their servants, agents or employees, or from the act of third parties, and further hereby waives any and all claims and causes of action. The undersigned agrees to hold Midwest Charity Horse Show and State Fair of Illinois harmless and indemnify them against all claims and causes of action of every nature that may arise by virtue or use of the above referred to State Fair of Illinois and surrounding premises by the undersigned. **Please read additional waivers, fill out information and sign on back of this form. Minor entrants must also have parent/guardian signatures on the back.**

**INCOMPLETE ENTRY FORMS WILL BE CHARGED A \$25.00 FEE.**

FOR COMPETITION USE:

CK # \_\_\_\_\_ CK Amt: \_\_\_\_\_ Date Rec: \_\_\_\_\_

Monies Over \_\_\_\_\_ Monies Under \_\_\_\_\_

EB# \_\_\_\_\_

\*Copies of membership cards and registration papers must accompany Entry Blanks. They will be returned at the show. Arabian exhibitors must include copy of AHA Membership Cards for each rider, driver, handler, and owner. Must also include purchase contract (if applicable) \*MEMBERSHIP AND STALL FEES MUST ACCOMPANY ENTRY\*

Total Entry Fee (Excluding UPHA Fees) .....	\$ _____
Post Entry Fee/horse or pony if entered after 5/1/11 .....	at \$25.00 \$ _____
Post Stabling Fee/Stall if entered after 5/1/11 .....	at \$25.00 \$ _____
UPHA Classic Fee .....	at \$100.00 \$ _____
Box and Tack Stalls .....	at \$110.00 \$ _____
One Night Stalls (Un-rated Classes only) .....	at \$65.00 \$ _____
Midwest Membership (Each Owner & Exhibitor) .....	at \$5.00 \$ _____
Office Fee Per Horse .....	at \$25.00 \$ _____
<b>All Performance Horses USE FEE *</b> .....	at \$15.00 \$ _____
<small>* (Includes \$7.00 Drug and Medications fee) (Lead-Line Exempt Exhibitors Exempt)</small>	
<b>• USER Non-Member Fee</b> .....	at \$30.00 \$ _____
<b>(Arabian) AHA Single Event Membership Fee</b> .....	at \$35.00 \$ _____
<b>Sponsorship</b> .....	\$ _____
<b>Box Seats (6) .....</b>	at \$100.00 \$ _____

I enclose the sum of \_\_\_\_\_ \$ \_\_\_\_\_

ENTRIES MUST BE POSTMARKED BY 5/1/11 - NO EXCEPTIONS - NO PHONE ENTRIES

# MANDATORY SIGNATURES REQUIRED IN THREE (3) PLACES (at X) BELOW

**Incomplete Entry Forms Will Be Charged A \$25.00 Fee • Entries Not Signed Will Not Be Accepted • Carefully Read Both Sides Of Form Before Signing!**  
**SIGNATURES BELOW INDICATE THAT EACH OF US HAS READ AND UNDERSTANDS BOTH SIDES OF THIS FORM. • ONE OWNER PER ENTRY BLANK • COMPLETE BOTH SIDES OF THIS FORM!**

**MIDWEST** – This show will follow all regulations of the Horse Protection Act of 1970 as amended, Public Law 92-540 and the Equine Activity Liability Act, IL PMA 89-0111. I make these entries at my own risk and subject to the rules of this show and I agree for myself and my representative, to be bound thereby. I hereby engage to be responsible for any injury, vehicle damage that may occur to me and/or persons riding, driving, showing or grooming for me, acting in my behalf or caused by an animal or vehicle exhibited or owned by me, and sponsor will not in any case be responsible for loss of injury of or to any individual, vehicle or articles. Agency signing the entry form certifies that riders entered in amateur classes possess or have applied for an US EQUESTRIAN FEDERATION amateur card.

I certify that I am the owner or duly authorized agent for the owner, of the horse(s) listed, that I have read and am familiar with the Prize List (announcements) published in connection with this Show and agree to be bound by all rules, including but not limited to those which discuss liability, risk damage, injury, responsibility and indemnity, contained in said Prize List.

### FEDERATION ENTRY AGREEMENT

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Valet or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of the United States Equestrian Federation, Inc. ("the Federation") and the local rules of the Competition. I agree to be bound under the Rules, and agree to release and hold harmless the Competition, the Federation, 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 Federation and/or the Competition may use or assign photographs, videos, audios, cablecasts, broadcasts, internet, film, new media, 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 Federation. 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 Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4

### 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 Federation" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and Federation affiliates.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, valet, 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 me or my horse, even if the Harm arises or results, directly or indirectly, from the negligence of the Federation 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 Federation or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation 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 Federation 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 Federation 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 Federation on the official USEF accident/injury report form.

**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 Signature (Mandatory) If more than one, attach signed copy of this page

**X** Trainer's Signature (Mandatory)

**X** Print Name: \_\_\_\_\_

**X** Street: \_\_\_\_\_

**X** Town/City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**X** Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**X** Parent/Guardian Signature (Required if rider/driver/handler is a minor)

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

**X** Street: \_\_\_\_\_

**X** Town/City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**X** Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**X** Rider/Driver/Handler's USEF #: \_\_\_\_\_

**X** (Arabian) AHA #: \_\_\_\_\_

**X** Social Security #: \_\_\_\_\_

**X** Is Rider/Driver a US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

**X** Social Security # \_\_\_\_\_

**X** (AHA) Amateur Owner Relationship To Horse Owner \_\_\_\_\_

**X** Trainer Hotel: \_\_\_\_\_

**X** Exhibitor Hotel: \_\_\_\_\_

I have read the rules concerning competitors as printed in the Arabian Horse Association ("AHA") Handbook and Directory and Competition Prize List and agree to be bound by and subject to these Rules.

### AHA ENTRY AGREEMENT – Regional and Local Shows

*This document waives very important legal rights. Read it carefully before signing.*

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISKS OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE

I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.

I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition, INCLUDING, BUT NOT LIMITED TO DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS

OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

I AGREE to accept AS FINAL, any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, EC or US EQUESTRIAN permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL, the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition.

I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to) others the right to do so the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way, AHA sees fit, photographs, films, 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 or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. 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. By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

**This AHA Assumption of Risk, Release and Indemnification** is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district, courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

**X** Owner's or Agent's Signature (Mandatory)

**X** Print Name: \_\_\_\_\_

**X** Street: \_\_\_\_\_

**X** Town/City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**X** Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**X** Owner's USEF #: \_\_\_\_\_

**X** Agent's USEF #: \_\_\_\_\_

**X** (Arabian) AHA #: \_\_\_\_\_

**X** Social Security #: \_\_\_\_\_

**X** Print Name: \_\_\_\_\_

**X** Coach Signature (if applicable)

**X** Social Security # \_\_\_\_\_

**X** Emergency Contact Phone # \_\_\_\_\_

**X** Trainer Mobile Phone: \_\_\_\_\_

**X** Exhibitor Mobile Phone: \_\_\_\_\_