

2020 Horse Power Healing Center Benefit Open Horse Show

PLEASE PRINT— ONLY ONE HORSE PER ENTRY FORM

SATURDAY Entry Form

Entry Number	Name of Horse	Breed	Sex Please circle one
			Mare Stallion Gelding
Name of Handler/Rider/Driver for Horse		Class Numbers	
Name of additional Handler/Rider/Driver for Horse		Class Numbers	
Name of additional Handler/Rider/Driver for Horse		Class Numbers	

OWNER NAME _____

ADDRESS, CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

RIDER/HANDLER NAME _____

(If different than owner)

ADDRESS, CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

*** ALL OWNERS/ HANDLERS/ RIDERS/ DRIVERS MUST SIGN REVERSE SIDE ***

(If the Owner/Handler/Rider/Driver is a Minor Parent or Guardian please sign the REVERSE side)

MAKE CHECKS PAYABLE TO:
HPHC or Horse Power Healing Center

OFFICE USE PAYMENT

CASH AMOUNT _____

ADDITIONAL CASH PAYMENTS _____

CHECK # & AMOUNT _____

ADDITIONAL CHECK # & AMOUNT _____

NAME OF ISSUER IF DIFFERENT THAN OWNER _____

OFFICE USE:

HALTER/PERFORMANCE ENTRY ____ @\$7 = ____

LIBERTY ENTRY (CLASS #79) ____ @\$15 = ____

OFFICE FEE ____ @\$7 = ____

TOTAL ENTRY FEES \$ _____

RESERVED STALLS paid by 8-3-20

STALLS ____ @\$____ = **RESERVED STALL FEES \$** _____

STALLS paid after 8-3-20

ONE DAY STALL ____ @\$35 = ____

TWO DAYS STALL ____ @\$50 = ____

FRIDAY - SUNDAY STALL ____ @\$65 = ____

TOTAL STALL FEES \$ _____

SHAVINGS ____ @\$7 = ____

SHOW OUT OF TRAILER FEE ____ @\$5 = ____

Per horse per day

CAMPING / TRAILER FEE per day ____ @\$30 = ____
(with electric)

CLASS SPONSOR FEE ____ @\$25 = ____

HIGH POINT SPONSOR FEE ____ @\$100 = ____

OTHER FEES _____

GRAND TOTAL \$ _____

PRE-ENTRY DISCOUNT \$7 (if entered by 8-3-20) \$ _____

TOTAL AMOUNT OWED \$ _____

HORSE POWER HEALING CENTER BENEFIT OPEN SHOW WAIVER

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants in the Horse Power Healing Center Benefit Open Shows (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler, and the horse) for themselves, their principals, representatives, employees, agents: (1) shall be subject to the rules of the Horse Power Healing Center Benefit Open Show ; (2) represent that every horse, rider, driver and handler is eligible as entered; (3) agree to be bound by the rules of the Horse Power Healing Center Benefit Open Show, and will accept as the final decision of the hearing committee on any question arising under said rules and agree to hold the Horse Power Healing Center Benefit Open Show, Horse Power Healing Center and Walworth County Fairgrounds and its officers, directors, employees, and agents, harmless for any action taken: and (4) agree that they participate voluntarily in the competition full aware that horse sports and the competition involve inherent dangerous risk of serious injury or death and by participating they expressly assume and all risks of injury, or loss, and they agree to indemnify and hold the Jericho Productions All Breed Pleasure Horse Shows, Horse Power Healing Center and Walworth County Fairgrounds their officers, directors, employees, and agents harmless from any and against all claims including for any injury or loss suffered during, or in connections with the competition, whether or not such claim, injury or loss resulted, directly or indirectly from the negligent acts or omissions of said officers, directors, employees or agents of the Horse Power Healing Center Benefit Open Show, Horse Power Healing Center and Walworth County Fairgrounds.

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of an person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1)(E) of the Wisconsin Statutes.

OWNER/ EXHIBITOR /HANDLER CONSENT

I hereby consent to the entry in this horse show and acknowledge that I have read the front side and reverse side of this entry form and agree to the applicable terms, conditions, waivers, and consent as set forth herein and accept responsibility for the said participation.

*** ALL OWNERS/ HANDLERS/ RIDERS/ DRIVERS MUST SIGN BELOW ***

SIGNATURE _____ DATE: _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)

SIGNATURE _____ DATE: _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)

SIGNATURE _____ DATE: _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)

JUNIOR/ MINOR EXHIBITOR CONSENT

I hereby consent to the entry of my child in this horse show and acknowledge that I have read the front side and reverse side of this entry form and agree to the applicable terms, conditions, waivers, and consent as set forth herein and accept responsibility for the participation of said junior/minor.

Name of Junior _____ Birth date _____

Name of Junior _____ Birth date _____

Signature of Parent or Guardian _____ Date _____

Address _____ City, State, Zip _____

Phone _____

Emergency Contact Name: _____ Phone Number: _____
(Name other than Owner/Exhibitor)