

# 2024 Horse Power Healing Center Benefit Open Horse Show

**PLEASE PRINT— ONLY ONE HORSE PER ENTRY FORM**

## **SUNDAY** Entry Form

Entry Number <small>Show Office Provides</small>	Name of Horse	Breed	Sex <small>Please circle one</small>
			Mare Stallion Gelding
Name of Handler/Rider/Driver for Horse		Class Numbers	
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Sunday Online Credit Card Payment link: <https://hphc.betterworld.org/events/august-11-2024-hphc-horse-show>  
 Pre-Entry discount code: SUN  
 \*\*Note: If paying online an entry form must still be filled out and emailed, mailed or turned in to the show office.

**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 \_\_\_\_\_

CREDIT CARD PAYMENT \_\_\_\_\_

**OFFICE USE:**

HALTER/PERFORMANCE ENTRY \_\_\_\_ @\$7 = \_\_\_\_

OFFICE FEE \_\_\_\_ @\$10 = \_\_\_\_

**TOTAL ENTRY FEES \$** \_\_\_\_\_

**RESERVED STALLS paid by 8-3-24**

STALLS \_\_\_\_ @\$ \_\_\_\_ = **RESERVED STALL FEES \$** \_\_\_\_\_

STALLS paid after 8-3-24

ONE DAY STALL \_\_\_\_ @\$45 = \_\_\_\_

TWO DAYS STALL \_\_\_\_ @\$55 = \_\_\_\_

FRIDAY - SUNDAY STALL \_\_\_\_ @\$65 = \_\_\_\_

**TOTAL STALL FEES \$** \_\_\_\_\_

SHAVINGS \_\_\_\_ @\$7 = \_\_\_\_

SHOW OUT OF TRAILER FEE \_\_\_\_ @\$15 = \_\_\_\_  
Per trailer per day

CAMPING /TRAILER \_\_\_\_ @\$20 = \_\_\_\_  
with electric hook up per day \_\_\_\_ @\$30 = \_\_\_\_

CLASS SPONSOR FEE \_\_\_\_ @\$25 = \_\_\_\_

HIGH POINT SPONSOR FEE \_\_\_\_ @\$100 = \_\_\_\_

OTHER FEES \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_

PRE-ENTRY DISCOUNT \$7 (If entered by 8-3-24) \$ \_\_\_\_\_

OTHER DISCOUNT \_\_\_\_\_ \$ \_\_\_\_\_

**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 Horse Power Healing Center Benefit Open Show, 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 I 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)