

TWIN RIVERS BENEFIT HORSE SHOW JUNE 22, 23, 24, 2017 DELAWARE COUNTY FAIRGROUNDS, PENNSYLVANIA AVENUE, DELAWARE, OHIO	FILE WITH: Trainer: _____ Farm: _____ <hr/> ONE ENTRY BLANK PER OWNER <hr/>	Send Entries To: Judy M Peters 225 Township Rd. 158 Ashley, OH 43003 <u>Make Checks payable to:</u> <u>TWIN RIVERS HORSE SHOW</u> Open check policy will prevail
OWNER _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____ EMAIL _____ @ _____ . _____	PARENT MUST SIGN FOR JUNIOR EXHIBITOR'S PARTICIPATION Signature _____ Please print _____ <u>ENTRY BLANK MUST BE SIGNED ON REVERSE AS WELL</u>	

Office Use Only	Classes entered	Entry Fees	Horse's Name				Rider/Handler/Driver's Name				
		\$									
			\$	Sex	Color	Reg. #	Yr foaled	Jr's Age	AHHS #	ASHA #	UPHA #
			\$								
			\$	Sex	Color	Reg. #	Yr foaled	Jr's Age	AHHS #	ASHA #	UPHA #
			\$								
			\$	Sex	Color	Reg. #	Yr foaled	Jr's Age	AHHS #	ASHA #	UPHA #
			\$								

Total Entry Fees		\$		Grounds Fee (no stall)	X \$20	\$	Check # Comments:
Box Stalls – No straw bedding. See Page 2, #18. to order shavings.	X \$70	\$		Office Fee Per Horse	X \$10	\$	
Tack Stalls	X \$70	\$		Sponsorship		\$	
Camper Fee Per Night	X \$30	\$		Total Enclosed		\$	

TWIN RIVERS HORSE SHOW CLUB, INC (TRHSC)

TWIN RIVERS HORSE SHOW (TRHS)

YOUR SIGNATURE BELOW INDICATES YOUR AGREEMENT WITH THE RELEASE ON THIS FORM.

(PLEASE PRINT)

OWNER _____

ADDRESS _____

CITY & STATE _____

SIGNATURE X _____

TRAINER _____

ADDRESS _____

CITY & STATE _____

SIGNATURE X _____

RIDER/DRIVER _____

ADDRESS _____

CITY & STATE _____

SIGNATURE X _____

EVERY ENTRY AT THIS COMPETITION SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT ALL PARTICIPANTS (WHICH INCLUDE WITHOUT LIMITATION THE OWNER, LEASEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER, HANDLER AND THE HORSE), FOR THEMSELVES, THEIR PRINCIPALS, REPRESENTATIVES, EMPLOYEES AND AGENTS: 1. I SHALL BE SUBJECT TO THE RULES OF THE TRHS AND TRHSC AS ESTABLISHED; 2. I REPRESENT THAT EVERY HORSE, RIDER, DRIVER AND HANDLER IS ELIGIBLE AS ENTERED; 3. I AGREE TO BE BOUND BY THE RULES OF THE TRHS, TRHSC, AND OF THE COMPETITION, AND WILL ACCEPT AS FINAL THE DECISION OF THE SHOW MANAGER & STEWARD ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE COMPETITION, TRHS, TRHSC, THEIR OFFICIALS, DIRECTORS AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; 4. I AGREE THAT AS A CONDITION OF ENTRY, THEY AUTHORIZE THE TRHS AND TRHSC TO MARKET, TRANSFER, ASSIGN OR OTHERWISE MAKE USE OF ANY PHOTOGRAPHS, LIKENESSES, FILMS, BROADCASTS, CABLECASTS, AUDIOTAPES TAKEN OF THE HORSE(S) AND PARTICIPANT(S) WHILE ON THE GROUNDS, INCIDENT TO OR IN TRANSIT BETWEEN THE STABLING FACILITY AND THE EVENT SITE, IN ANY WAY THEY SEE FIT FOR THE PROMOTION, COVERAGE OR BENEFIT OF THE EVENT, WITHOUT COMPENSATION TO ANY OF THEM, SO LONG AS THE USE NEITHER JEOPARDIZES AMATEUR STATUS OR ENDORSES A SPECIFIC PRODUCT OR SERVICE AND HEREBY EXPRESSLY AND IRREVOCABLY WAIVE AND RELEASE ANY RIGHTS IN CONNECTION WITH SUCH USE, INCLUDING ANY CLAIM TO INVASION OF PRIVACY, RIGHT OF PUBLICITY OR TO MISAPPROPRIATION AND; 5. 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 MANAGEMENT OF TRHS, TRHSC, OR ANYONE ELSE THAT THEY SO CHOOSE; 6. I AGREE THAT THEY PARTICIPATE VOLUNTARILY IN COMPETITION FULLY AWARE THAT HORSE SPORTS AND COMPETITION INVOLVE INHERENT DANGEROUS RISK OF SERIOUS INJURY OR DEATH, AND BY PARTICIPATING THEY EXPRESSLY ASSUME ANY AND ALL RISK OF INJURY OR LOSS, AND THEY AGREE TO INDEMNIFY AND HOLD THE TRHS, TRHSC, THE COMPETITION AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ALL CLAIMS INCLUDING ANY FOR THE INJURY OR LOSS SUFFERED DURING OR IN CONNECTION WITH COMPETITION, WHETHER OR NOT SUCH CLAIM, INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE TRHS, OR TRHSC. THE CONSTRUCTION AND APPLICATION OF TRHS AND TRHSC RULES ARE GOVERNED BY THE STATE OF OHIO AND ANY ACTION INSTITUTED AGAINST THE TRHS OR TRHSC MANAGEMENT OR PARTICIPANTS MUST BE FILED IN DELAWARE COUNTY.

