

# MHA Horse Show -- Entry Blank

NUMBER: \_\_\_\_\_  
 Office use: Needs Signatures  
 Payment

Please use a separate entry blank for each horse/rider combination

Horse \_\_\_\_\_ Owner: \_\_\_\_\_

Rider: \_\_\_\_\_ Trainer: \_\_\_\_\_

Classes Entered: List the Class Number(s) entered on the blanks below:

|  |       |       |       |       |       |      |
|--|-------|-------|-------|-------|-------|------|
| _____  | _____ | _____ | _____ | _____ | _____ | Ck # |
| _____  | _____ | _____ | _____ | _____ | _____ | Cash |
| _____  | _____ | _____ | _____ | _____ | _____ | Ck # |
| Total # of Classes: _____ x \$ _____ = _____ |       |       |       |       |       | Cash |

Entry fee: \$10 per class pre-entry; \$15 per class day of show

MHA Non-Member Fee: \_\_\_\_\_ (\$12)  
 MHA Membership: \_\_\_\_\_  
 Drug Fee (per horse/day) \$5  
 =====  
 TOTAL: \_\_\_\_\_

The undersigned owner and exhibitor and signing parent or guardian hereby:

1. agrees to release the management of this show, Metropolitan Horsemen's Association, their officers, directors, employees, members, or agents, and the City of Oakland, the owners or managers of the grounds where this event is held, from any loss, damage, liability or injury arising out of or resulting from this show or the exhibitor's participation or entry therein;
2. agrees to indemnify, hold harmless, and defend the management of this show, Metropolitan Horsemen's Association and the City of Oakland against any and all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from exhibitor's entry or participation in this show or from acts or omissions of exhibitor or exhibitor's agents; and
3. Gives MHA permission to publish, copyright and use pictures and video taken of Exhibitor and Exhibitor's animals for promotional purposes; and acknowledges that activities with and around horses and horse shows involve inherent risks which are understood by the persons signing and are expressly assumed; and

**In event of injury to Exhibitor or Exhibitor's animals, permission is hereby granted to management for emergency medical treatment.**

Read and Agreed By:

Rider \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ (if under 18)

Owner/ Agent \_\_\_\_\_ Date \_\_\_\_\_ Trainer \_\_\_\_\_ Date \_\_\_\_\_

Rider Information

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ email: \_\_\_\_\_

Rider is (check one): \_\_\_\_\_ Junior (age: \_\_\_\_\_) \_\_\_\_\_ Amateur \_\_\_\_\_ Professional

To pre-enter, mail to MHA, 13223 Clairepointe Way, Oakland, CA 94619 by September 17, 2008