

**ENTRY BLANK**

**MAKE CHECKS PAYABLE TO: MIDWEST CHARITY HORSE SHOW**

**ENTRIES CLOSE 5/20/21**  
NO EXCEPTIONS - NO PHONE ENTRIES

JUNE 15-19, 2021	ILLINOIS STATE FAIRGROUNDS	MEMBER: U.S. EQUESTRIAN FEDERATION
<b>OWNER/AUTHORIZED AGENT</b>	 Mail Completed Forms To: <b>• ONE OWNER PER ENTRY BLANK •</b> Cheryl Rangel 1101 Peace Drive, Wheeling, Illinois 60090 Telephone: (847) 537-4743 Fax: (847) 537-4758 TracesCT@aol.com www.gaitkeeper.com	<b>TRAINER</b>
NAME _____ (PRINT NAME)		NAME _____ (PRINT NAME)
E-MAIL: _____		E-MAIL: _____
<b>SEE REVERSE: ADDITIONAL SIGNATURES REQUIRED</b>	<b>HORSE ARRIVAL DATE *</b> VERY IMPORTANT DUE TO STALL AVAILABILITY	<b>STABLE WITH</b> (Must appear on all entry blanks)
<b>Must include copies of membership cards and registered papers.</b>		

#	NAME OF COMPETING OR NON-COMPETING HORSE/PONY <small>(Arabian) Please list sire and dam names in blank under each entry</small>	COLOR	SEX	HT	AGE	BREED	NAME AND AGE OF RIDER / DRIVER	USEF #	CLASS	CLASS	CLASS	CLASS	TOTAL FEES
						REG. # and/or ID#		AHA #	FEE	FEE	FEE	FEE	
NAME OF EQUITATION RIDER		CITY & STATE			RIDER'S AGE			USEF #					
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.**

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

**INCOMPLETE ENTRY FORMS WILL BE CHARGED A \$40.00 FEE.**

FOR COMPETITION USE:

Ck # \_\_\_\_\_ Ck Amt. \_\_\_\_\_ Date Rec. \_\_\_\_\_

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

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

<b>Total Entry Fee</b> (Excluding UPHA Fees) .....	\$ _____
<b>Total Non-Show Fee</b> .....	\$ _____
<b>Post Entry Fee/horse or pony if entered after 5/20/21</b> .....	<b>\$30.00</b> \$ _____
<b>Post Stabling Fee/Stall if entered after 5/20/21</b> .....	<b>\$40.00</b> \$ _____
<b>UPHA Classic Fee</b> .....	<b>\$100.00</b> \$ _____
<b>Box Stalls</b> .....	<b>\$175.00</b> \$ _____
<b>Tack Stalls</b> .....	<b>\$175.00</b> \$ _____
<b>One Night Stalls</b> (Un-rated Leadline Classes only) .....	<b>\$65.00</b> \$ _____
<b>Office Fee Per Horse</b> .....	<b>\$40.00</b> \$ _____
<b>•All Performance Horses USEF FEE *</b> .....	<b>\$23.00</b> \$ _____
<small>* (includes \$15.00 Drug and Medications fee) (Lead-Line Exempt, Exhibitions Exempt)</small>	
<b>•USEF Show Pass Fee</b> .....	<b>\$45.00</b> \$ _____
<b>•USEF Membership</b> .....	<b>\$80.00</b> \$ _____
<b>(Arabian) AHA Single Event Membership Fee</b> .....	<b>\$35.00</b> \$ _____
<b>(Arabian) AHA 9-90 Fee (per Arabian horse)</b> .....	<b>\$5.00</b> \$ _____
<b>(Arabian) Show Results Fee (per Arabian horse)</b> .....	<b>\$5.00</b> \$ _____
<b>Sponsorship</b> .....	\$ _____
<b>Other</b> .....	\$ _____
<b>Total Enclosed</b> .....	\$ _____

**ENTRIES MUST BE POSTMARKED BY 5/20/21 –**  
**ENTRIES ACCEPTED ON SPACE AVAILABILITY – 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 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 PWA 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 or 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 or injury of or to any individual, vehicle or articles. Agency signing the entry form certify 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.

**NOTICE:** Exhibitor/Owner authorizes and consents to photographs and other video/DVD reproduction by authorized persons and entities, to include the Horse Show Photographer and Horse Show Videographer.

**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, Vaultor 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 Midwest Charity Horse Show Competition. I agree to be bound by the Bylaws and Rules of the Federation and of the Competition. I will accept as final the decision of the Hearing Committee on any question arising 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, vaultor, longeur, lessee, 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 others, 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 and all terms and provisions of this Prize List. If I'm signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

SEE PRO FORM AT THE END OF THIS RULE

**X** \_\_\_\_\_  
Rider, Driver, or Handler Signature (Mandatory) If more than one, attach signed copy of this page

Print Name: \_\_\_\_\_

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

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

Street: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Rider/Driver/Handler's USEF # \_\_\_\_\_ UPHA# \_\_\_\_\_ ASHA# \_\_\_\_\_

AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_ AHA# \_\_\_\_\_ AMHA# \_\_\_\_\_

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

Social Security # \_\_\_\_\_

(AHA) Amateur Owner Relationship To Horse Owner \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Trainer Hotel: \_\_\_\_\_ Trainer Mobile Phone: \_\_\_\_\_ Trainer Email: \_\_\_\_\_

Owner Hotel: \_\_\_\_\_ Owner Mobile Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

**AHA ENTRY AGREEMENT – Regional and Local Show**

I have read the rules concerning competitions as printed in the Arabian Horse Association's (IAHA') Handbook and Directory and Competition Prize List and agree to be bound by and subject to those Rules.

**AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

*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 RISK 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.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

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

Print Name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's USEF # \_\_\_\_\_ UPHA# \_\_\_\_\_ ASHA# \_\_\_\_\_

AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_ AHA# \_\_\_\_\_ AMHA# \_\_\_\_\_

Social Security #: \_\_\_\_\_

Agent's USEF # \_\_\_\_\_ UPHA# \_\_\_\_\_ ASHA# \_\_\_\_\_

AHHS# \_\_\_\_\_ ARHPA# \_\_\_\_\_ AHA# \_\_\_\_\_ AMHA# \_\_\_\_\_

Social Security #: \_\_\_\_\_