

2016 CHJC OPENING WEEK – OPHA, WA PHA, UP & OVER (non rated USEF)

SHOW DATES: JULY 7-9, 2016
ONLY ONE HORSE PER ENTRY BLANK

CLOSING DATE: JUNE 20, 2016

METROPARKS POLO FIELD, MORELAND HILLS, OH
PLEASE PRINT OR TYPE CLEARLY - MAKE COPIES AS NEEDED

Office Use Only	Name of Horse					#	Circle Types			Name of Rider(s)		Class or Division Numbers	
							Jumper Hunter Equitation	Rider One					
	Color	Sex	Height	Yr Foaled	Green	Horse/Pony							
					1 st 2 nd	Small		Medium	Large	Rider Two			

Credit Card # _____ Exp Date _____ Code _____

Name on Card _____ Billing Zip _____ Phone _____

ENTER ONLINE AT [HTTP://HORSESHOWSONLINE.COM/ONLINEENTRY.ASPX](http://HORSESHOWSONLINE.COM/ONLINEENTRY.ASPX)

Make Check Payable to and MAIL to Chagrin Hunter Jumper Classic
c/o 9129 Old Meadow Drive, Chagrin Falls, OH 44023 Show Secretary Linda Seay (615) 943-9218

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 Chagrin Valley Hunter Jumper Classic Opening Week "Competition" as used herein includes the 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, 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 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 Competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) 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 Competition Rules about protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition 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 Competition on the official accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable Competition 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 affect as if I affixed my signature by my own hand.

Office Fee	\$15
____ Stalls @ \$200 10'x10'	
Entry Fees	
Non Showing Horse Fee \$125	
Post Entry Fee (See Rules)	
Horse Watch Fee \$10 <small>(Required for Stabled Horses)</small>	
____ Opening Week Seating \$100	
____ Opening Week Table \$100	
Total	

X _____ Owner's Signature (mandatory) NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL _____ OWNER'S EMAIL: _____	X _____ First Rider's Signature (mandatory) NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL _____ US Citizen yes ___ no ___ Date of Birth: _____ EMAIL: _____ X _____ Parent or Guardian Signature (required if rider is a minor)	X _____ Second Rider's Signature (mandatory) NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL _____ US Citizen yes ___ no ___ Date of Birth: _____ EMAIL: _____ X _____ Parent or Guardian Signature (required if rider is a minor)	X _____ Trainer's Signature (mandatory) NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____ TEL _____ TRAINER'S EMAIL: _____ X _____ Coach's Signature (if applicable) NAME _____
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STABLE WITH: _____ ARRIVING _____ EMERGENCY CONTACT: NAME & CELL PHONE _____