

# 2017 CHAGRIN HUNTER JUMPER CLASSIC OPENING WEEK - (NON-RATED USEF)

OPHA, WPA PHA, UP & OVER, KHJA, IHJA, OHJA, MoHJO, VHSA, ETHJA

SHOW DATES: JULY 6-8, 2017

CLOSING DATE: JUNE 19, 2017

METROPARKS POLO FIELD, MORELAND HILLS, OH

ONLY ONE HORSE PER ENTRY BLANK

PLEASE PRINT OR TYPE CLEARLY - MAKE COPIES AS NEEDED

Name of Horse / Pony					Name of Rider(s)			Class Numbers / Divisions	
					Rider One				
Color	Sex	Height	Yr. Foaled	Jr.Horse / Pony					
				Small    Medium    Large	Rider Two				

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**ENTER ONLINE AT [WWW.HORSESHOWSONLINE.COM](http://WWW.HORSESHOWSONLINE.COM)**  
**Make Checks Payable to and MAIL to Chagrin Hunter Jumper Classic**  
**9129 Old Meadow Drive, Chagrin Falls, OH 44023**  
**Show Sec: Linda Seay - (615) 943-9128**

**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	\$20
_____ Stalls @ \$180	
Entry Fees	
Non-Showing Horse Fee \$125	
Post Entry Fee (See Rules)	
Horse Watch Fee \$10 (Required per stabled horse)	\$10
Grounds Fee (Required per Horse)	\$25
Haul In Fee \$50 per day	
<b>TOTAL</b>	

X _____ <b>Owner's Signature (mandatory)</b>  NAME _____  STREET _____  CITY _____  STATE _____ ZIP _____  TEL _____  EMAIL: _____	X _____ <b>First Rider's Signature (mandatory)</b>  NAME _____  STREET _____  CITY _____ ST _____  ZIP _____ TEL _____  US CITIZEN yes ___ no ___ D.O.B. _____  EMAIL: _____  X _____ Parent or Guardian Signature (required if rider is a minor)	X _____ <b>Second Rider's Signature (mandatory)</b>  NAME _____  STREET _____  CITY _____ ST _____  ZIP _____ TEL _____  US CITIZEN yes ___ no ___ D.O.B. _____  EMAIL: _____  X _____ Parent or Guardian Signature (required if rider is a minor)	X _____ <b>Trainer's Signature (mandatory)</b>  NAME _____  STREET _____  CITY _____  STATE _____ ZIP _____  TEL _____  EMAIL: _____  X _____ Coach's Signature (if applicable)  NAME: _____
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STABLE WITH: \_\_\_\_\_ ARRIVING: \_\_\_\_\_ EMERGENCY CONTACT NAME/CELL PHONE: \_\_\_\_\_