

ENTRIES CLOSE: JUNE 25, 2025
 ONLINE ENTRY AT:
 WWW.HORSESHOWSONLINE.COM

Chagrin Hunter Jumper Classic
 OPENING WEEK (UNRATED)
 JULY 4-6 2025



HORSE	USEF# / USHJA#	SEX	HEIGHT	COLOR	BREED
CLASSES ENTERED	RIDER NAME				DATE OF BIRTH
	#1				
	#2				

MAKE CHECKS PAYABLE TO:
 CVPHA

CREDIT CARD # _____
 EXP _____ CVC _____ ZIP _____
 NAME: _____

PRIZE PAYEE: _____
 ADDRESS: _____
 SS#/FIN# _____

FEES

___ Stalls @ \$150	\$ _____
Trailer In Fee \$25/ Day	\$ _____
Office Fee (Required)	\$30
Grounds Fee (Required)	\$40
Non-Showing Horse Fee \$50	\$ _____
Post Entry Fee \$20 (after 6/25)	\$ _____

3% Credit Card Processing Fee on all CC's.

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 Local Show "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.

EMERGENCY CONTACT: _____		PHONE: _____		STABLE WITH:	
OWNER/AGENT	TRAINER/COACH	RIDER #1	RIDER #2		
Print Name	Print Name	Print Name	Print Name		
Address	Address	Address	Address		
City,ST,ZIP	City,St,ZIP	City,ST,ZIP	City,ST,ZIP		
Phone	Phone	Phone	Phone		
Email	Email	Email	Email		
USEF#/USHJA#	USEF#/USHJA#	USEF#/USHJA#	USEF#/USHJA#		
SIGNATURE*:	SIGNATURE*	SIGNATURE*:	SIGNATURE*:		