ONLY ONE (1) OWNER PER FORM

OWNER		
Print Name of Legal Owner	er (Sign Liability Statement on Reverse Side)	
Street or P.O. Box of Own	ner or Agent	
City	State	Zip
Owner's Email Address		
Phone No. of Owner		
Thone 140. of Owner		
BREED ASSOCIATION	ŧ	

Oregon State Fair Horse Show

(CIRCLE BREED)

Draft Horse, Drum, Gypsy, Miniature Horse (AMHA), Mule, Mustang, Burro, Peruvian, TWH, Open Classes, Pinto Ponies

COMPLETE BOTH SIDES OF THIS FORM

August 28 – September 3, 2018

Oregon State Fair and Exposition Center, Salem, Oregon

ENTRIES CLOSE August 18, 2018

	TRAINER	
Print Trainer's Name (Sign L	iability Statement on Reverse Side)	
Street or P.O. Box of Traine	r	
City	State	Zip
Trainer's Email Address		
Phone No. of Trainer		
DDEED AGGOGLATION II		
BREED ASSOCIATION #		

LEAVE BLANK	NAME OF HORSE (Class Number Under Name. One Class Per Square)				TOTAL FEES	DESCRIPTION	BREED REG NO. IF APPLICABLE	RIDER, DRIVER OR HANDLER			
							Sex:		NAME:		
							DOB:		Amateur – Y/N		Junior DOB:
	•		•		•		Sex:		NAME:		
							DOB:		Amateur – Y/N		Junior DOB
		•					Sex:		NAME:	•	
							DOB:		Amateur – Y/N		Junior DOB
			Sex:		NAME:						
							DOB:		Amateur – Y/N		Junior DOB

PLEASE SEND COPIES OF HORSE REGISTRATION PAPERS, SHOWING PROOF OF OWNERSHIP, and copies of your MEMBERSHIP CARDS, AS APPLICABLE, WITH THIS ENTRY FORM. If membership cards are not presented, exhibitors will have to <u>Join</u> At Show.

OFFICE USE ONLY			
AMT PAID	FOR #S		
CHECK #	RECEIPT		
	REGISTRATION PAPERS (IF APPLICABLE)		
	ASSOCIATION MEMBERSHIP CARDS (IF APPLICABLE)		

MAKE ALL CHECKS PAYABLE TO:
OREGON STATE FAIR

NO ENTRIES ACCEPTED UNLESS ACCOMPANIED BY CHECK IN FULL **NO BLANK CHECKS WILL BE

ACCEPTED**

FOR MORE INFORMATION CALL: Ron Hood, Show Manager 831-637-8510

> MAIL ENTRIES TO: Oregon State Fair Horse Show 2330 17th Street NE Salem, OR 97301

ENTRY FEES	\$
POST ENTRY FEE (PER HORSE – SEE RULE 1b.)	\$
OFFICE FEES (PER HORSE) x \$ 15	\$
STALLS, refer to breed division for amount() x \$	\$

ATTACH STALL RESERVATION SHEET

TACK/FEED STALLS refer to breed division for amount.....(_____) x \$

TOTAL ENCLOSED _____

Oregon State Fair Horse Show Entry Agreement

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) for themselves, their principles, representatives, employees and agents shall be subject to the rules of The State of Oregon, Oregon State Fair Council, Oregon State Fair and the Oregon State Fair Horse Show, and will accept as final the decision of the hearing committee on any question arising under said rules, and agree to hold the above, its officers, directors, and employees harmless for any action taken.

<u>Assumption of Risk, Waiver, and Indemnification</u> This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition, the Oregon State Fair Horse Show to the following:

- I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, 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 release the Competition, **The State of Oregon, Oregon State Fair Council, Oregon State Fair and the Oregon State Fair Horse Show,** from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, 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, The State of Oregon, Oregon State Fair Council, Oregon State Fair and the Oregon State Fair Horse Show,** 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 at the Competition. 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 assume all of the obligations of this Release on the child's behalf.
- I AGREE that the Competition, The State of Oregon, Oregon State Fair Council, Oregon State Fair and the Oregon State Fair Horse Show, as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
- 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 USEF accident/injury report form.
- I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

OHANDA GENERALANDA MODEL

ALL EXHIBITORS MUST PAY ALL BALANCES AND RECEIVE A RECEIPT FROM THE SHOW OFFICE BEFORE LEAVING THE GROUNDS AT THE END OF SHOWING THEIR DIVISION, THIS WILL BE ENFORCED.

BY SIGNING BELOW, I FURTHER AGREE TO BE BOUND BY ALL APPLICABLE COMPETITION RULES AND ALL TERMS AND PROVISIONS OF THE OSF HORSE SHOW BOOK, AND THIS ENTRY BLANK

OWNER/AGENT (MANDATORY)	TRAINER (MANDATORY - even if same as owner)				
Adult Signature:	Signature:				
Print Name:	Print Name:				
RIDER/DRIVER/HANDLER #1 (MANDATORY)	RIDER/DRIVER/HANDLER #2 (MANDATORY)				
Print Name:	Print Name:				
Rider #1 Breed Association # (if applicable)	Rider #2 Breed Association # (if applicable)				
Rider #1 Address: Street / P.O. Box City State Zipcode	Rider #2 Address:Street/P.O. City State Zipcode				
Emergency Phone No: Email address:	Emergency Phone No: Email address:				
Rider #1 Signature (Adult/Guardian, for the minor):	Rider #2 Signature (Adult/Guardian, for the minor):				
Print Name – of Adult/Guardian:	Print Name – of Adult/Guardian:				