

<b>HEARTLAND CLASSIC HORSE SHOW</b> <b>MAY 8,9 &amp; 10,2009</b> <b>CHAMPIONS CENTER, SPRINGFIELD, OHIO</b>				<b>FILE WITH:</b> <b>Trainer:</b> _____ <b>Farm:</b> _____				<b>Send Entries To:</b> <b>Joyce Berger</b> <b>11012 Jeffries Road</b> <b>Berlin Heights, OH 44814</b> <b><u>Make Checks payable to: OASPHA</u></b>  <b>Open check policy will prevail</b> <b>Emergency contact number</b> <b>During the Horse Show</b> _____ _____			
				ONE ENTRY BLANK PER OWNER							
				SIGNATURE: _____							
OWNER _____  STREET ADDRESS _____  CITY _____ STATE _____ ZIP _____  TELEPHONE _____  EMAIL _____ @ _____ . _____				Print: _____  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b><u>Entry Will not be accepted if not signed!!!</u></b> </div>							

Office Use Only	Classes entered			Entry Fees	Horse's Name				Rider/Handler/Driver's Name			
				\$								
					Sex	Color	Reg. #	Yr foaled	Jr's Age	AHHS #	ASHA#	UPHA #
				\$								
					Sex	Color	Reg. #	Yr foaled	Jr's Age	AHHS #	ASHA#	UPHA #
				\$								
					Sex	Color	Reg. #	Yr foaled	Jr's Age	AHHS #	ASHA#	UPHA #
				\$								
					Sex	Color	Reg. #	Yr foaled	Jr's Age	AHHS #	ASHA#	UPHA #

Total Entry Fees		\$		Office Fee	X \$5	\$	Comments:
Box Stalls	X\$65	\$		Sponsorship		\$	
Tack Stalls	X \$65	\$		Total Enclosed		\$	
Grounds Fee	X\$20	\$		Check #			

**YOUR SIGNATURE BELOW INDICATES YOUR  
AGREEMENT WITH THE RELEASE ON THIS FORM.**

(PLEASE PRINT)

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

SIGNATURE X \_\_\_\_\_

TRAINER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

SIGNATURE X \_\_\_\_\_

RIDER/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

SIGNATURE X \_\_\_\_\_

RESERVE  
STABLING WITH:  
\_\_\_\_\_

**HEARTLAND CLASSIC HORSE SHOW**

**Heartland Classic Horse Show (“HCHS”)**

**Ohio American Saddlebred Pleasure Horse Association (“OASPHA”)**

EVERY ENTRY AT THIS COMPETITION SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT ALL PARTICIPANTS (WHICH INCLUDE WITHOUT LIMITATION THE OWNER, LEASEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER, HANDLER AND THE HORSE), FOR THEMSELVES, THEIR PRINCIPALS, REPRESENTATIVES, EMPLOYEES AND AGENTS: 1. SHALL BE SUBJECT TO THE RULES OF THE HCHS & OASPHA AS ESTABLISHED; 2. REPRESENT THAT EVERY HORSE, RIDER, DRIVER AND HANDLER IS ELIGIBLE AS ENTERED; 3. AGREE TO BE BOUND BY THE RULES OF THE HCHS & OASPHA AND OF THE COMPETITION, AND WILL ACCEPT AS FINAL THE DECISION OF THE SHOW MANAGER & STEWARD ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE COMPETITION, HCHS & OASPHA, THEIR OFFICIALS, DIRECTORS AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; 4. AGREE THAT AS A CONDITION OF ENTRY, THEY AUTHORIZE THE HCHS & OASPHA TO MARKET, TRANSFER, ASSIGN OR OTHERWISE MAKE USE OF ANY PHOTOGRAPHS, LIKENESSES, FILMS, BROADCASTS, CABLECASTS, AUDIOTAPES TAKEN OF THE HORSE(S) AND PARTICIPANT(S) WHILE ON THE GROUNDS, INCIDENT TO OR IN TRANSIT BETWEEN THE STABLING FACILITY AND THE EVENT SITE, IN ANY WAY THEY SEE FIT FOR THE PROMOTION, COVERAGE OR BENEFIT OF THE EVENT, WITHOUT COMPENSATION TO ANY OF THEM, SO LONG AS THE USE NEITHER JEOPARDIZES AMATEUR STATUS OR ENDORSES A SPECIFIC PRODUCT OR SERVICE AND HEREBY EXPRESSLY AND IRREVOCABLY WAIVE AND RELEASE ANY RIGHTS IN CONNECTION WITH SUCH USE, INCLUDING ANY CLAIM TO INVASION OF PRIVACY, RIGHT OF PUBLICITY OR TO MISAPPROPRIATION AND; 5. AGREE THAT THEY PARTICIPATE VOLUNTARILY IN COMPETITION FULLY AWARE THAT HORSE SPORTS AND COMPETITION INVOLVE INHERENT DANGEROUS RISK OF SERIOUS INJURY OR DEATH, AND BY PARTICIPATING THEY EXPRESSLY ASSUME ANY AND ALL RISK OF INJURY OR LOSS, AND THEY AGREE TO INDEMNIFY AND HOLD THE HCHS & OASPHA, THE COMPETITION AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ALL CLAIMS INCLUDING ANY FOR THE INJURY OR LOSS SUFFERED DURING OR IN CONNECTION WITH COMPETITION, WHETHER OR NOT SUCH CLAIM, INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE WCHS & SWPSC, THE CONSTRUCTION AND APPLICATION OF WCHS & SWPSC RULES ARE GOVERNED BY THE STATE OF OHIO AND ANY ACTION INSTITUTED AGAINST THE HCHS & OASPHA ,MANAGEMENT OR PARTICIPANTS MUST BE FILED IN FRANKLIN COUNTY, OHIO.