

**ENTRY DEADLINE:
APRIL 25TH**

GREAT RIVER BENEFIT HORSE SHOW

Mail entries to:
Kristen Petry, PO Box 4180, Barrington, IL 60011 (815) 347-4395

Additional Entry Forms available at
horseshowcalendar.com

***Attention* One Owner per Entry Form. Signatures Required on Reverse.**

For office use only		Name of Horse - Class Number	Total Entry Fees	SEX	AGE	Registration Number	Owner's Name and Address	Rider/Driver

EQUITATION CLASSES ONLY

IASPHA MEMBERS – DESIGNATE ___ A OR ___ B POINTS

For office use only		Class Number	Total Entry Fees	Age	UPHA mber#	Address
						Rider's Name:
						Horse's Name:
						Rider's Name:
						Horse's Name:
						Rider's Name:
						Horse's Name:

_____ Stalls(\$125.00 each) \$ _____

Entry Fees: All Qualifying Performance, Equitation,
and Academy Classes\$35.00 \$ _____

Performance and Academy Championships\$45.00 \$ _____

Late Entry Fee (After April 25th) ..\$25.00 per horse \$ _____

Office Fee.....\$20.00 per rider \$ _____

Shavings: # of bags _____\$11.00 per bag \$ _____

Hay: \$12.00 per bale \$ _____

Class Sponsorships: See right \$ _____

Trainer (if applicable).....

Total \$ _____

Tri-Color Class Sponsorship Levels

Blue Level: \$ 100 or more

Red Level: \$ 50-\$99

Yellow Level: \$ 25-\$49

RV Hookups \$ 30.00/night
(include with entries)

Reserved Ring Side Table\$120.00

When do you plan on arriving?
(date & time) _____

Equestrian 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 [Great River Benefit Horse Show] to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, 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 Iowa Horse Show Association and the Competition 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 Iowa Horse Show Association or the Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Iowa Horse Show Association or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Iowa Horse Show Association and 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 at the Competition.

Federation 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 Iowa Horse Show Association” and “Competition” 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 Iowa Horse Show Association on the official accident/injury report form. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING BELOW, I AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank and Iowa Horse Show Association.

<input checked="" type="checkbox"/> _____ Owner or Agent’s Signature	<input checked="" type="checkbox"/> _____ Trainer’s Signature	<input checked="" type="checkbox"/> _____ Rider/Driver or Handler’s
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City, State, Zip _____	City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____	Telephone _____

Statutory Release and Warning – Great River Benefit Horse Show

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, ANY INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OR DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE 673. YOU ARE ASSUMING RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that results in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling or butting. The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person’s abilities.

I acknowledge notice of this warning under the laws of Iowa.

This _____ day of _____ 2024

Exhibitor or Owner (or agent):

Parent or Guardian (required if rider or driver is under 18)

Signature

Signature

Print Name

Print Name