

# ONE OWNER PER ENTRY BLANK Entries Close April 21, 2023

Enclose copy of registration papers showing proof of current ownership for each entry, plus copy of current UPHA, AHHS, ARHPA, AMHA, and ASHA membership card(s) as required for divisions/classes entered for eachowner, exhibitor, & trainer. (Exhibition, Academy, and Walk/Trot classes exempt.) All horses must have a negatives Coggins test within the past 12 months and proof of Rhino fall vaccination within 6 months.

OWNER'S NAME \_\_\_\_\_



**F.A.S.H. Inc.**  
 SPRING HORSE SHOW  
**May 11-14, 2023**  
 Minnesota State Fairgrounds  
 1784 Judson Ave  
 St. Paul, MN 55108




	Name of Horse	Age	Color	Sex	Ht.	Reg.#	Rider/Driver Name	Class	Class	Class	Class	Total Fees
								Fee	Fee	Fee	Fee	

	Name of Equitation Rider	City & State	Rider's Age			Reg.#	Class	Class	Class	Class	Total Fees
			Age	Color	Sex		Fee	Fee	Fee	Fee	
	Name of Equitation Horse										
	Name of Equitation Rider	City & State	Rider's Age			Reg.#	Class	Class	Class	Class	Total Fees
	Name of Equitation Horse		Age	Color	Sex		Fee	Fee	Fee	Fee	

**FOR COMPETITION'S USE:**

Ck # _____	Ck Amt. _____
Date Rec. _____	Monies Over _____
EB# _____	Monies Under _____

Make checks payable to:  
**FASH Inc.**

Mail entries to:  
**Kristen Pettry, Show Secretary**  
**PO Box 4180**  
**Barrington, IL 60011**  
**(815) 347-4395**  
**kristenpettry@gmail.com**

**TOTAL ENTRY FEES** ..... \$ \_\_\_\_\_

- # \_\_\_ Shavings @ \$10.00/bag .....
- # \_\_\_ Hay @ \$12.00/bale .....
- # \_\_\_ Box Stalls @ \$160.00 .....
- # \_\_\_ Tack Stalls @ \$160.00 .....
- # \_\_\_ Camper Hook-up @ \$40.00 per day .....
- # \_\_\_ Office Fee @ \$30.00 per horse .....
- # \_\_\_ E.S.C. Fee \$15.00 (Mandatory Fee) .....
- # \_\_\_ Reserved Seating @ \$220.00 .....
- # \_\_\_ Sponsorship .....
- # \_\_\_ Post/Incomplete @ \$25/Entry .....

**TOTAL CHARGES** ..... \$ \_\_\_\_\_

**STABLING/BEDDING RESERVATIONS DUE** April 21st, 2023

CONTACT STABLE MASTER, LINDSEY LEDO • 13640 49th ST N • Stillwater, MN 55082 Phone: (651) 351-0789 Cell: (612) 812-6597 • LINDSEYLEDO@MSN.COM

Stable with: \_\_\_\_\_

Arrival Date (horses): \_\_\_\_\_

Emergency Contact (cell): \_\_\_\_\_

Method of Payment: Check \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ AE \_\_\_\_\_  
 See Reverse for Credit Card Information

Signatures required on REVERSE side - NO entries will be accepted without required signatures.

Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

## SIGNATURES REQUIRED IN THREE (3) PLACES BELOW

**Entries Not Signed Will Not Be Accepted • Carefully Read This Agreement Before Signing!**

**COMPETITION 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 FASH Animal Welfare Initiative Spring Horse Show to the following:

I AGREE that "Competition" as used herein includes the Competition and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers, affiliates.

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 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 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 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 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.

BY SIGNING BELOW, I AGREE to be bound by 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 effect as if I affixed my signature by my own hand.

EQUINE SPORTS COUNCIL

EVERY ENTRY AT A SHOW THAT PAYS THE EQUINE SPORTS COUNCIL EXHIBITION FEE AND IS EXHIBITED AND JUDGED ACCORDING TO THE ESC RULES AND GUIDELINES SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT: (1) THE OWNER, AGENT, LESSEE, TRAINER, MANAGER, COACH, DRIVER AND RIDER AND ANY OF HIS/HER REPRESENTATIVES ARE BOUND BY THE SHOW RULES; (2) THAT EVERY HORSE, RIDER, AND/OR DRIVER IS ELIGIBLE AS ENTERED; (3) THEY AGREE TO ACCEPT AS FINAL THE DECISION OF SHOW MANAGEMENT ON ANY QUESTION ARISING UNDER SAID RULES, AND AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, THEIR OFFICIALS, DIRECTORS, AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; (4) THAT THE OWNER, RIDER/DRIVER AND ANY OF THEIR AGENTS OR REPRESENTATIVES AGREE TO HOLD THE SHOW, EQUINE SPORTS COUNCIL, AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FOR ANY INJURY OR LOSS SUFFERED DURING OR IN CONJUNCTION WITH THE SHOW, WHETHER OR NOT SUCH INJURY OR LOSS RESULTED DIRECTLY OR INDIRECTLY FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE SHOW OR EQUINE SPORTS COUNCIL.

**Rider/Driver/Handler/Vaulter/Longeur**

**(mandatory)**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Rider/Driver/Handler's

ASHA/AMHA#: \_\_\_\_\_

**Owner/Agent (mandatory) Signature**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's ASHA/AMHA#: \_\_\_\_\_

If more than one, attach signed copy of this page.

**Trainer (mandatory) Signature**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Trainer's ASHA/AMHA#: \_\_\_\_\_

UPHA #: \_\_\_\_\_

**Coach (if applicable) Signature**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Coach's ASHA/AMHA#: \_\_\_\_\_

UPHA #: \_\_\_\_\_

**Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)** \_\_\_\_\_

Rider/Driver/Vaulter a U.S. Citizen:  Yes  No

**COMPLETE BOTH SIDES OF THIS FORM**