FOR OFFICE USE ONLY

2023 NMHJA FALL FESTIVAL HORSE SHOW

September 22-24, 2023

Only One (1) Horse Per Entry Blank Please

(please insure you are using the correct entry blank for your chosen show)

NMHJA FF 1

HORSE INFORMATION

NAME: _____

SEX: _____ COLOR: _____ AGE: _____ HT: _____

USHJA #: _____ NMHJA #: _____

OWNER / AGENT

NAME: _____ USHJA #: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

EMAIL: _____

TRAINER

NAME: _____ USHJA #: _____

BARN / FARM NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: (_____) _____

EMAIL: _____

PRIZE MONEY PAYEE

NAME: _____

ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

SSN or Fed Tax ID #: _____

RIDER 1

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

NMHJA #: _____ USHJA #:_____

DATE OF BIRTH (mm/dd/yyyy): _____/_____/_____

SECTIONS / CLASSES ENTERED FOR RIDER 1

_____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____.

RIDER 2

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

NMHJA #: _____ USHJA #:_____

DATE OF BIRTH (mm/dd/yyyy): _____/_____/_____

SECTIONS / CLASSES ENTERED FOR RIDER 2

_____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____.

ENTRY AGREEMENT - 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 "Competition" as used herein includes the NMHJA, USHJA and CEP (Competition Management), as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, 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 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.

Owner/Agent: _____

Trainer: _____

Rider One: _____

Rider Two: _____

Parent / Adult Guardian (if any riders are minors):

_____

ENTRY DEPOSIT

TOTAL AMOUNT DUE WITH THIS ENTRY: $25.00

($25 Office Fee … Non-Refundable If Show Scratch)

To pay by credit card, please fill out the Credit Card Authorization section below. Otherwise, you may include a check payable to NMHJA which will be deposited on the entry closing date. Any other fees due can be paid upon closeout at the end of the show. Possible other fees are listed in the prize list and will be added to your account at the show.

CREDIT CARD AUTHORIZATION

Name As It Appears On Card: _____

Credit Card #: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ CSC#: _ _ _

Expiration Date (MM/YYYY): _____ / _____ Billing Zip Code: _____

Signature: _____

(All credit card transactions incur a 3% Convenience Fee. Once charged, the Convenience Fee is not refundable and not creditable under any circumstances)

Office Use Only

Entry Postmarked / Received: _____/_____/_____ *Amount:* $_____

Check #: _____ *CC Transaction #:* _____

Mail To: Carole Kenney, 1108 Perion Court, Belen, NM 87002 ~ **Email To:** ckenney194@yahoo.com ~ **Online Entries:** www.horseshowing.com