



MAY 21-24, 2020

**ONE OWNER PER ENTRY BLANK**

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED, DOCUMENTATION OF EQUINE INFLUENZA VIRUS AND EQUINE HERPES VIRUS VACCINATION WITH 6 MONTHS PRIOR TO SHOW, NEGATIVE COGGINS TEST REQUIRED FOR EACH HORSE, PLUS HEALTH CERTIFICATES FOR OUT OF STATE HORSES, PLUS COPY OF CURRENT ASHA MEMBERSHIP CARD FOR EACH OWNER, EXHIBITOR & TRAINER (MISCELLANEOUS, ACADEMY AND WALK/TROT CLASSES EXEMPT). NO ENTRIES PROCESSED UNTIL MONEY RECEIVED.  
Please complete both sides of this form -- signature required

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

ASHA #: \_\_\_\_\_

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

ENTRIES CLOSE: MAY 4, 2020

	NAME OF HORSE	AGE	COLOR	SEX	HT	REG.#	RIDER/DRIVER NAME	CLASS	CLASS	CLASS	CLASS	TOTAL FEES
								FEE	FEE	FEE	FEE	

**Bedding / Feed For Sunday Must Be Ordered by Saturday  
Will Not Be On Premises Sunday**

FOR COMPETITION'S USE:

Ck# _____	Ck Amt. _____
Date Rec. _____	
EB# _____	

Cell Number \_\_\_\_\_

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

Stable With: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Local Hotel: \_\_\_\_\_

MAKE CHECKS PAYABLE TO:  
**MADISON CLASSIC HORSE SHOW**

**MAIL ENTRIES TO:**  
MADISON CLASSIC HORSE SHOW  
VICKY HOLSTON, SHOW SECRETARY  
N7887 Maple Ridge Road  
OCONOMOWOC, WI 53066  
(262) 560-9764  
E-MAIL: vholston@msn.com

**Quality Feed & Bedding**  
**920-866-2459 or 920-362-1054**

Madison Classic Web Site:  
[www.horseshowcalendar.com](http://www.horseshowcalendar.com)  
Stalls Available Tuesday, May 19

TOTAL ENTRY FEES \_\_\_\_\_

# \_\_\_\_\_ BOX STALLS @ \$140.00..... \_\_\_\_\_

# \_\_\_\_\_ PRIVACY PARTITIONS @ \$7.00 ..... \_\_\_\_\_

# \_\_\_\_\_ TACK STALLS @ \$140.00..... \_\_\_\_\_

# \_\_\_\_\_ BANNER SPONSOR @ \$300.00..... \_\_\_\_\_

# \_\_\_\_\_ RINGSIDE TABLES @ \$300.00..... \_\_\_\_\_

# \_\_\_\_\_ EARLY ARRIVALS @ \$20.00/ Prior to May 19 ..... \_\_\_\_\_

\_\_\_\_\_ OFFICE FEE @ \$30.00/HORSE (mandatory charge)..... \_\_\_\_\_

# \_\_\_\_\_ POST ENTRY FEE (mandatory) if received after close ..... \_\_\_\_\_  
If received prior to May 18: \$25.00/horse. On or after May 18: \$50.00/horse

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



**MADISON CLASSIC HORSE SHOW ENTRY AGREEMENT**  
 SIGNATURES REQUIRED IN FOUR (4) PLACES (AT X) BELOW  
 Entries Not Signed Will Not Be Accepted \* Carefully Read This Agreement Before Signing!



**United States Equestrian Federation Inc. Entry Agreement**

I have read the United States Equestrian Federation, Inc. (the "Federation") Entry Agreement (GR906.4) as printed in the Prize List for this Competition and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to Federation Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos at the competition, and agree that any actions against the Federation must be brought in New York State.

I also agree that as a condition of and in consideration of acceptance of entry, the competition may use or assign photographs, videos, audios, cablecasts or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport or the UPHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize an amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity or to misappropriation.

I represent that I am eligible to enter and/or participate under the rules, and every horse I am entering is eligible as entered.

**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 the Competition Madison Classic Horse Show UPHA Chapter 3 / 4 to the following:

**I AGREE** that the "Federation" and "Competition" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

**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 Federation and 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 Federation 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 Federation or the Competition.

**I AGREE** to indemnify (that is, to pay any losses, damages, or costs incurred by) the Federation 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 while at the Competition. I have read the Federation Rules about protective equipment, including GR801 and, if applicable, EV114 and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the 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 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.

**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 Federation on the official USEF accident/injury report form.

**BY SIGNING THE BELOW, I AGREE** to be bound by all applicable Federation Rules and 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.

**Owner (Mandatory)**

**Trainer (Mandatory)**

**Rider/Driver/Handler/Agent (Mandatory)**

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

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

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

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

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

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

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

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**COMPLETE BOTH SIDES OF THIS FORM!**