

Spooktacular Horse Show Oct 18-20, 2024 CHAMPIONS CENTER 4122 LAYBORNE ROAD, SPRINGFIELD, OH 45505	File With _____ Trainer _____ Farm _____	Send Entries to: PATTI SCHOOLEY 6662 KATAHDIN DRIVE POLAND, OH 44514 MAKE PAYABLE TO OASPHA
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OWNER: _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 Phone _____
 Email _____

Emergency Contact _____
 Arrival Date _____

Office Use Only	Classes Entered	Entry Fee	Horse's Name	Rider' Name
			Sex Color Reg # Yr Foaled	Riders Age / ASHBA #/UPHA#
			Sex Color Reg # Yr Foaled	Riders Age / ASHBA #/UPHA#
			Sex Color Reg # Yr Foaled	Riders Age / ASHBA #/UPHA#

Total Entry Fees		\$	Office Fee \$15	\$	Office Use Only:
Early Bird Box Stalls	\$110	\$	Qualifying Class \$35		
Early Bird Tack Stalls	\$110	\$	Champ Sponsorship \$75		
After April15 all stalls	\$125	\$	Early Arrivals \$35/horse		
		\$	Camping \$160		
Shavings \$9.00		\$			
OASPHA Membership		\$			
OASPHA Membership		\$	Total Enclosed	\$	

**YOUR SIGNATURE BELOW INDICATES YOUR
AGREEMENT WITH THE RELEASE ON THIS FORM
PLEASE PRINT ALL BUT THE SIGNATURE**

Heartland Classic HORSE SHOW

Heartland Classic Horse Show (“HCHS”)

Ohio American Saddlebred Pleasure Horse Association (“OASPHA”)

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

2) ESTABLISHED 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, BMHS & 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, 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 CLAIM, INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES OR AGENTS OF THE OSFHS & OEC THE CONSTRUCTION AND APPLICATION OF BMHS & OASPHA 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. 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

OWNER _____

Address _____

City _____ State _____ ZIP _____

SIGNATURE X _____

TRAINER _____

Address _____

City _____ State _____ ZIP _____

SIGNATURE X _____

Rider/Driver/Handler #1

Name _____

Address _____

City _____ State _____ ZIP _____

SIGNATURE X _____

Rider/Driver/Handler #2

Name _____

Address _____

City _____ State _____ ZIP _____

SIGNATURE X _____