

HEARTLAND CLASSIC HORSE SHOW MAY 10,11,12 ,2024 CHAMPIONS CENTER 4122 LAYBORNE ROAD, SPRINGFIELD, OH 45505				File With _____ Trainer _____ Farm _____		Send to: EQUISTAR UNLIMITED LLC 225 TOWNSHIP ROAD 158 ASHLEY, OH 43003 MAKE PAYABLE TO OASPHA			
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**

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_____

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