

HEARTLAND CLASSIC SHOW MAY 6,7,8,2022 CHAMPIONS CENTER 4122 LAYBORNE ROAD, SPRINGFIELD, OH 45505	FILE WITH: Trainer: _____ Farm: _____	Send Entries To: EQUISTAR UNLIMITED 225 TWP ROAD 158 ASHLEY, OH 43003
OWNER _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____ EMAIL _____ @ _____ . _____	ONE ENTRY BLANK PER OWNER	Emergency contact number During the Horse Show _____ _____
	<div style="color: red; font-weight: bold; font-size: 1.2em;"> ENTRIES DEADLINE <u>APRIL 6,2022</u> </div> <p style="font-weight: bold; font-size: 1.1em;"> Make Checks payable to: OASPHA </p>	

Office Use Only	Classes entered	Entry Fees	Horse's Name				Rider/Handler/Driver's Name			
		\$								
			Sex	Color	Reg. #	Yr. foaled	Jr's Age	AHHS #	ASHA#	UPHA#
		\$								
			Sex	Color	Reg. #	Yr. foaled	Jr's Age	AHHS #	ASHA#	UPHA#
		\$								
			Sex	Color	Reg. #	Yr. foaled	Jr's Age	AHHS #	ASHA#	UPHA#

Total Entry Fees		\$			\$		Comments: Office Use
Box Stalls	X \$90	\$		Office Fee PER HORSE	X \$15	\$	
Tack Stalls	X \$90	\$		Qualifying class Sponsorship	\$35 each	\$	
CAMPING	X \$90 FOR THE SHOW	\$		Championship & TBA Class Sponsorship	\$70		
SHAVINGS \$8.00 EACH	X \$8.00	\$		STALLS AFTER APRIL 6,2022	\$115		
OASPHA Membership		\$		Total Enclosed		\$	

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

OWNER _____

ADDRESS _____

CITY & STATE _____

SIGNATURE X _____

TRAINER _____

ADDRESS _____

CITY & STATE _____

SIGNATURE X _____

RIDER/DRIVER/HANDLER#1 _____

ADDRESS _____

CITY & STATE _____

SIGNATURE X _____

RIDER/DRIVER/HANDLER# 2 _____

ADDRESS _____

CITY & STATE _____

SIGNATURE X _____

BUCKEYE MEDALLION HORSE SHOW

Heartland Classic Horse Show ("BMHS")

Ohio American Saddlebred Pleasure Horse Association ("OASPHA")

EVERY ENTRY AT THIS COMPETITION SHALL CONSTITUTE AN AGREEMENT 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 BMHS & OASPHA AS ESTABLISHED; 2. REPRESENT THAT EVERY HORSE, RIDER, DRIVER AND HANDLER IS ELIGIBLE AS ENTERED; 3. AGREE TO BE BOUND BY THE RULES OF THE BMHS & 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 BMHS & OASPHA TO MARKET, TRANSFER, ASSIGN OR OTHERWISE MAKE USE OF ANY PHOTOGRAPHS, LIKENESSES, 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 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 DURING OR IN CONNECTION WITH COMPETITION, WHETHER OR NOT SUCH 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.