

SPOOKTACULAR HORSE SHOW OCTOBER 20,21,22,2023 CHAMPIONS CENTER 4122 LAYBORNE ROAD, SPRINGFIELD, OH 45505				FILE WITH: Trainer: _____ Farm: _____				Send Entries To: JUDY PETERS 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 _____ _____			
				ENTRIES DEADLINE October 11,2023 Make Checks payable to: OASPHA						

Office Use Only	Classes entered	Entry Fees	Horse's Name				Rider/Handler/Driver's Name			
		\$								
			Sex	Color	Reg. #	Year foaled	AHHS #	ASHBA#	UPHA#	
		\$								
			Sex	Color	Reg. #	Year foaled	AHHS #	ASHBA#	UPHA#	
		\$								
			Sex	Color	Reg. #	Year foaled	AHHS #	ASHBA#	UPHA#	
Total Entry Fees		\$	Grounds Fee/no stall		X\$35	\$	Comments: Office Use Arrival Date:			
Box Stalls		X \$ 90	\$	Office Fee		X \$15				\$
Tack Stalls		X \$ 90	\$	Qualifying class Sponsorship		\$35 each				\$
CAMPING This is the cost from the Fairgrounds. Water & Electric Only No Sever Hookup		(\$135 for Thu/Fri/Sat) \$45/night each additional night	\$	Championship & TBA Class Sponsorship		\$75				
SHAVINGS \$8.00 EACH		X \$8.00	\$	STALLS REBATE IF PAID AFTER Oct 11,2023		\$110				
				Total Enclosed			\$			

SPOOKTACULAR HORSE SHOW

**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 _____

SPOOKTACULAR Horse Show ("SHS")

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 HCHS & 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 SHS & 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, SHS & OASPHA, THEIR OFFICIALS, DIRECTORS AND EMPLOYEES HARMLESS FOR ANY ACTION TAKEN; 4. AGREE THAT AS A CONDITION OF ENTRY, THEY AUTHORIZE THE SHS & 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 SHS & 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 OASPHA & OEAA THE CONSTRUCTION AND APPLICATION OF SHS & OASPHA RULES ARE GOVERNED BY THE STATE OF OHIO AND ANY ACTION INSTITUTED AGAINST THE BMHS & OASPHA MANAGEMENT OR PARTICIPANTS MUST BE FILED IN FRANKLIN COUNTY.