



NEW: you now must declare if you want A or B circuit high points for each entry *

ONE OWNER PER ENTRY BLANK

July 30-August 1, 2010

ENCLOSE COPY OF REGISTRATION PAPERS SHOWING PROOF OF CURRENT OWNERSHIP FOR EACH SADDLEBRED ENTERED.

OWNER'S NAME _____

*	Name of Horse	Age	Color	Sex	Ht.	Reg. #	Rider/Driver Name	Class	Class	Class	Class	Total Fees	
								Fee	Fee	Fee	Fee		
circle A or B for each entry	A												
	B												
	A												
	B												
	A												
	B												
A	Name of Equitation Rider				City & State		Rider's Age						Total Fees
	B	Name of Equitation Horse				Age	Color	Sex	Reg. #				
A	Name of Equitation Rider				City & State		Rider's Age						Total Fees
	B	Name of Equitation Horse				Age	Color	Sex	Reg. #				

FOR COMPETITION'S USE:

Ck # _____	Ck Amt. _____
Date Rec. _____	Monies Over _____
EB # _____	Monies Under _____
Memberships:	<input type="checkbox"/> OK <input type="checkbox"/> DUE

Stable With: _____

Arrival Date: _____

Shaving Orders: _____

Shavings must be ordered in advance to facilitate delivery.

Local Hotel: _____

TOTAL FEES:

- # _____ Classes @ \$35.00
- # _____ Championships @ \$40.00
- # _____ Classes @ \$5.00
- # _____ Box Stalls @ \$85.00
- # _____ Tack Stalls @ \$85.00
- # _____ **Office Fee** @ \$15.00 per horse (Mandatory Charge)
If you need more space, use additional entry forms.
- # _____ Mid-America Dues, Enrollments
- # _____ Camper Hook-Up @ \$20 per day
- # _____ Bags of Shavings @ \$8 each

TOTAL CHARGES

*** Exhibitors must declare circuit for which each entry's season points are to count: A or B (does not apply to Academy entries)**



July 30-August 1, 2010
FRIDAY – SUNDAY
ENTRIES CLOSE JULY 16th

WARNING: Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

All horses must have a Negative Coggins Test within the past twelve (12) months.
Out of state horses must have an entrance permit required by Illinois Dept. of Agriculture, as well as a health certificate.

Signatures required on REVERSE side. – NO entries will be accepted without required signatures. PLEASE COMPLETE BOTH SIDES OF THIS ENTRY BLANK.

**Make checks payable to :
 MID-AMERICA HORSE SHOW ASSN.
 Mail entries to: Cheryl Rangel, Executive Secretary, 1101 Peace Dr., Wheeling, IL 60090**

Entry Agreement

By entering this Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, or Handler and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Mid-America Rules and the local rules of the competition. I agree to be bound by the Rules of Mid-America and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. 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. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize 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. The construction and application of Mid-America Rules are governed by the laws of the State of Illinois, and any action instituted against it must be filed in Illinois.

**SIGNATURES REQUIRED IN
 THREE (3) PLACES (at X)**
Entries Not Signed Will Not Be Accepted.
**Carefully Read This Agreement
 Before Signing!**

Federation 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 this Competition Mid-America Spring Show to the following:

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 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 caused by me or my horse to others, even if the Harm resulted, 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 at the Competition. I have read the Federation Rules about protective equipment, including GR801 and EV113, 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 assume all of the obligations of this Release on the child’s behalf

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

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.

I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

BY SIGNING, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this entry blank.

X _____
Rider, Driver, or Handler Signature
(Parent/Guardian, if under 18, or if not available, trainer must sign.)
 Print Name: _____
 Street: _____
 City: _____
 State/Zip: _____
 Telephone: _____
 Fax: _____
 Email: _____
 Rider/Driver/Handler’s USEF #: _____
 Rider/Driver/Handler’s ASHA #: _____
 Social Security #: _____
 If more than one, attach signed copy of this page.

X _____
Trainer’s Signature
 Print Name: _____
 Street: _____
 City: _____
 State/Zip: _____
 Telephone: _____
 Fax: _____
 Email: _____
 Trainer’s USEF #: _____
 Trainer’s ASHA #: _____
 Social Security #: _____
 UPHA #: _____

X _____
Owner’s or Agent’s Signature
 Print Name: _____
 Street: _____
 City: _____
 State/Zip: _____
 Telephone: _____
 Fax: _____
 Email: _____
 Owner’s USEF #: _____
 Owner’s ASHA #: _____
 Agent’s USEF #: _____
 Social Security #: _____

X _____
Parent/Guardian Signature *(Required if Rider/Driver/Handler/Vaulter/Longeur is a minor)*
 Print Name: _____
 Emergency Contact Phone No: _____
 Is Rider/Driver/Vaulter a U.S. Citizen: _____ Yes _____ No