

ENTRIES CLOSE: APRIL 20, 2021

SHP SPRING CLASSIC

MAY 12 - 16, 2021

OWNER OR AUTHORIZED AGENT			RIDER 1			TRAINER		
Owner Name			Rider Name			Trainer Name		
Address			Address			Address		
City	State	ZIP	City	State	ZIP	City	State	ZIP
Social Security # or TIN #			Phone			E-Mail		
Phone			E-Mail			Phone		
USEF# USHJA#			PCHA #			Date of Birth		
USEF# USHJA#			CPHA #			ASPCA #		
USEF# USHJA#			PCHA #			USEF# USHJA#		
Prize money paid to if other than owner			RIDER 2			CREDIT CARD PAYMENT		
Name or Corporation			Rider Name			Download credit card form at <a href="http://headlandsmanagement.com">headlandsmanagement.com</a>		
Address			Address			RIDER 2		
City	State	ZIP	City	State	ZIP	USEF# USHJA#	PCHA #	Date of Birth
Social Security # or TIN #			Phone			E-Mail		
NAME OF HORSE			AGE	COLOR	SEX	HEIGHT	RIDER	
							CLASSES	
Microchip #			Please circle below if applicable					
USEF# USHJA#	Measurement #		Sm	Md	Lg			

## Entry Agreement

**This document waives and releases important legal rights. Please read it carefully before signing.**

I understand and expressly acknowledge that I am fully aware that horseback riding and jumping, horse sports, and my participation in this Horse Show competition involve inherent dangerous risks that include, but are not limited to, the risks of accident, loss, serious bodily injury, property damage, and/or death ("Harm"). I hereby agree to expressly assume ALL RISK OF HARM to myself and my horse(s), and choose to voluntarily participate in this Horse Show.

I HEREBY EXPRESSLY, VOLUNTARILY, AND UNCONDITIONALLY RELEASE, INDEMNIFY AND HOLD HARMLESS Howard Herman, Marcia Herman, Meredith Herman, Ashley Herman, Riverside Equestrian Center, Sonoma Horse Park, Sally Hudson and/or Headlands Management, Inc., their owners, officers, members, agents, employees, licensees and invitees, as well as any other person, firm, corporation, company, entity, or anyone in any way connected with the ownership and management of the show premises and the Horse Show, or in control of the premises or equipment related thereto (collectively, "Releasees") from and against ANY AND ALL CLAIMS FOR INJURIES, DAMAGES, AND/OR LOSSES connected with participation in this Horse Show. This includes, but is not limited to, claims for monetary damages, attorney's fees, costs, losses, and/or causes of action against Releasees for any and all Harm to me or my horse(s) and for any Harm caused or contributed in any way to by me or my horse(s) to others, arising out of or in any way connected with participation in this Horse Show, and includes reimbursement of Releasees' costs and attorney's fees incurred in defense of such claims. I further agree to this release, indemnification, and holding harmless WHETHER OR NOT SUCH CLAIM, INJURY, DAMAGE, OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM MY NEGLIGENT ACTS OR OMISSIONS OR THE NEGLIGENT ACTS OR OMISSIONS OF RELEASEES, to the fullest extent allowed by law. I also acknowledge that no representations or warranties, whether oral or written, implied or expressed, have been made by Releasees concerning the Horse Show premises, the Horse Show event, or the activities at Riverside Equestrian Center, and/or Sonoma Horse Park, or any other matter.

I understand and agree that this Release, Assumption of Risk, Waiver and Indemnification shall be binding upon my heirs and assigns. If a parent or guardian is signing below, he or she consents to the minor child's participation in the Horse Show and agrees to all of the above provisions and agrees to assume all of the obligations of this release of liability on the minor child's behalf.

**I HEREBY DECLARE THAT I CAREFULLY HAVE READ THE FOREGOING RELEASE OF ALL LIABILITY, I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING BELOW, AND I AGREE TO THE TERMS OF THE RELEASE IN FULL.**

OWNER/AGENT	RIDER/HANDLER	TRAINER
<b>SIGNATURE:</b>	<b>SIGNATURE:</b>	<b>SIGNATURE:</b>
Print Name: (Required if Rider/Handler is a minor)	Is Rider/Handler U.S. Citizen (please circle): YES NO Print Name:	Print Name:
<b>PARENT/GUARDIAN SIG.:</b>	<b>SIGNATURE:</b>	<b>COACH SIGNATURE:</b>
Print Name:	Is Rider/Handler U.S. Citizen (please circle): YES NO Print Name:	Print Name Emerg. Contact Phone#:

## ASSOCIATION FEES

USEF Drug Fee @ \$15  
USEF Fee @ \$8  
USHJA Fee @ \$7  
CDFA Fee @ \$8  
PCHA Fee @ \$3

## SHOW PASS FEES

USEF PASS Fee @ \$45  
USHJA PASS Fee @ \$30

## MISC FEES

Ambulance Fee @ \$30  
Late Fee @ \$50  
Trailer In Fee @ \$50 (per horse per day)  
Non Showing Fee @ \$130

## NOMINATING FEES

Horse @ \$125

10 x 10 Stalls  
Horse Stall @ \$350  
Tack/Groom @ \$350

10 x 12 Stalls  
Horse Stall @ \$400  
Tack/Groom @ \$400

Limited - First come, First served.

# of stalls @ \$350  
# of stalls @ \$400

CHECKS PAYABLE TO: HMI MAIL TO: 1 IVY ST \* MONTEREY, CA 93940 INFO: 831-594-1719

STABLE WITH: \_\_\_\_\_