



HORSE SHOW ENTRY FORM

1ST ANNUAL HALLOWEEN HORSE SHOW! SUNDAY OCTOBER 28, 2018



Show Date: 10/28/18	Name of Rider:	Age of Rider:	Phone / Email:	Address:	Show #:
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Horses Name:	Horses Age:	Horses Breed:
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Please mark off the classes that you are going to be entering.

1. Leadline (English and Western)	2. English pleasure Beginner w/t (all ages)	3. English Pleasure goblin (ages 5-15) w/t/c	\$5.00 / Class x _____ classes= \$ _____ \$50.00 / Day \$ _____
4. English Pleasure vampire (ages 16-21) w/t/c	5. English Pleasure Scarecrow (ages 22 and above) w/t/c	6. Sit a Buck (all ages) w/t/c	
7. Western pleasure Beginner w/t	8. Western Pleasure goblin (ages 5-15) w/t/c	9. Western Pleasure vampire (ages 16-21) w/t/c	Grand Total: \$ _____
10. Western Pleasure Scarecrow (ages 22 and above) w/t/c	11. Sit a Buck (all ages) w/t/c	12. Beginner cross rails w/t	Paid Cash \$ _____ Paid Check Check No: _____
13. Itty bitty spider jumper over 12" Cross rail	14. Puddle jumpers over 18" Cross rail	15. Broomstick masters over 24" Cross rail	
16. Jokers choice	17. goblin costume class (ages 5-15)	18. vampire costume class (ages 16-21)	
19. Scarecrow costume class (ages 22 and above)	20. Skeleton hand race (egg and spoon)	21. Behead the enemy (jousting a scarecrow)	
22. Pumpkin bending (pole bending)	23. Haunted house race (key hole)	24. Caldron turning race (barrel race)	
25. haunted maze! (trail class)			

Sargent County Fair Grounds and the renting party, _____ (name) agrees to indemnify and hold harmless Sargent County Fair Grounds and all of their agents, employees, volunteers, and family from any loss, injury, or death to any persons or animals on the premise in association with this event. Renting party agrees and understands that any horse related activity can be dangerous and agrees to accept the responsibility of the dangers to persons and animals. This waiver, release and indemnification shall be constructed broadly to provide a waiver, release, and indemnity to the maximum extent permissible under applicable law. **I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT SPECIFYING MY WAIVER, RELEASE, AND INDEMNIFICATION OF ALL CLAIMS.** Signature of Competitor (18 and over)/ Guardian: _____ Date: _____

Emergency Contact Information: Name: _____ Phone: _____ Relationship: _____