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OWNER			RIDER			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			Barn Phone		Cell Phone
USEF/USHJA#	WSHJA	EC	USEF/USHJA#	WSHJA	Date of Birth	USEF/USHJA#	WSHJA	EC

Prize money paid to if other than owner			RIDER			CREDIT CARD PAYMENT		
Name			Rider Name			VISA/MC #		
Address			Address			Exp. Date	CVV	State ZIP
City	State	ZIP	USEF/USHJA#	WSHJA#	Date of Birth	Signature		
Social Security # or TIN #			EC	Age as of 12/1/2024		Print Name		

NAME OF HORSE	AGE	COLOR	SEX	HEIGHT	RIDER	DIVISIONS / CLASSES				
USHJA #	Measurement #									

MAY OUTREACH
ENTRIES CLOSE APRIL 25, 2025

Exhibitors may enter online by going to www.showgroundslive.com

ENTRY AGREEMENT - 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 to the following: I AGREE that the "Competition" as used herein includes the USHJA and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, 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 hold harmless and release the USHJA and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the USHJA 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 USHJA or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA 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 while at the Competition. I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USHJA 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 all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf I represent that I have the requisite training, coaching and abilities to safely compete in this competition

BY SIGNING ABOVE, I AGREE to be bound by the terms and provisions of this entry blank and all terms submitting this Agreement

Outreach Only / Weekend Stall (Friday - Sunday), \$200	
Camper/Trailer parking Water/Power/Septic @ \$60/day	
Camper/Trailer parking Water/Power @ \$50/day	
Camper/Trailer parking (No Hook-ups) @ \$40/day	
Outreach Only Haul-In Fee, \$50/day per horse	
Mandatory Outreach Only Schooling Fee, \$30 per horse	
Outreach Only / Weekend SM Disposal Fee, \$85 Per Horse	
Office Fee \$50	
USHJA Outreach Support Fee, \$5	
Credit Card Convenience fee 4%	
TOTAL AMOUNT OWED:	

	OWNER/AGENT	RIDER/HANDLER	TRAINER
MANDATORY	SIGNATURE:	SIGNATURE:	SIGNATURE:
	Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES NO Print Name:	Print Name:
	Parent/Guardian Sig.: (Required if Rider/Handler is a minor)	SIGNATURE:	SIGNATURE:
	Print Name:	Is Rider/Handler a U.S. Citizen (please circle): YES NO Print Name:	Print Name:

CHECKS PAYABLE TO: WSHJA (US Funds)
MAIL TO: Mollie Gallaway, Show Secretary
85687 Pine Grove Rd Eugene, OR 97405

Stable With: _____
Arrival Date: _____
Emergency Contact Phone Number: _____

Payment # _____ Total Enclosed \$ _____