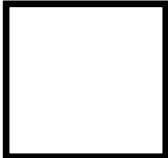


Send to:  
 Laurie Persson  
 W8699 White Crow Rd  
 Fort Atkinson, WI 53538  
[persson@compufort.com](mailto:persson@compufort.com)

# Iowa Gold Star & IaAHA Fall Classic

**ENTRY FORM**  
**September 3 - 7, 2009**



**ENTRIES CLOSE 7/15/09**

**PLEASE TYPE OR PRINT - ONLY ONE OWNER PER ENTRY FORM.** All entries must be complete. Enclose correct fees, copies of horse registration papers, purchase contract (if applicable), USEF/CEF membership cards, amateur certification (if applicable), AHA membership cards for each rider, driver, handler, and owner.

	Name of First Horse		Reg. No	DOB	Sex	Color	Height	Entry Fees
	Sire	Dam	Horse USDF #		Horse USEF #			
Rider/driver/handler	AHA#	Class numbers						\$
	USEF/CEF#							
Rider/driver/handler	AHA#	Class numbers						\$
	USEF/CEF#							\$

For more than two riders with same horse, use next table, leaving horse data blank

	Name of Second Horse		Reg. No	DOB	Sex	Color	Height	Entry Fees
	Sire	Dam	Horse USDF #		Horse USEF #			
Rider/driver/handler	AHA#	Class numbers						\$
	USEF/CEF#							
Rider/driver/handler	AHA#	Class numbers						\$
	USEF/CEF#							\$

Each person signing this entry form acknowledges that he/she has read the front and reverse of this Entry Form and agrees to the applicable terms, conditions, waivers, releases, indemnification and consent as set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge. All owners, trainers, riders, drivers & handlers must sign the back. Minor entrants must also have parent/guardian signature(s) on back.

**Walk Trot Riders Date of Birth** \_\_\_\_\_ **Amateur Owner Relation to Horse Owner** \_\_\_\_\_

**\*\*PHOTO COPIES REQUIRED (REG PAPERS AND ALL MEMBERSHIP CARDS)\*\***

<b>OWNER</b> (as appears on reg papers or contract) (May attach mailing label)	
Name	AHA#
Address	USEF/CEF#
City, State	Zip
Email	Phone #

<b>TRAINER</b>	
	AHA#
Address	USEF/CEF#
City, State	Zip
Email	Phone #

**Credit Card Info:**

VISA / MC / Discover      --      --      --      Expiration Date

Printed Name on Card \_\_\_\_\_

CC Signature \_\_\_\_\_

CC Billing Zip Code \_\_\_\_\_

<b>Total Class Fees</b>	\$ _____
_____ <b>Stalls \$75 each</b>	\$ _____
_____ <b>Office Fee \$20/horse</b>	\$ _____
_____ <b>USEF Fees \$15/horse</b>	\$ _____
_____ (\$7 Drug; \$8 Admin)	
_____ <b>AHA Fee \$3/horse</b>	\$ _____
_____ (Resolution 9-90 Education)	
_____ <b>USEF Non-Member \$30</b>	\$ _____
_____ <b>USEF Amateur Card \$30</b>	\$ _____
_____ <b>AHA SEM \$30/person</b>	\$ _____
_____ <b>Fall Classic Post \$30</b>	\$ _____
_____ <b>Patron Sponsor \$400</b>	\$ _____
_____ <b>Trophy Sponsor \$300</b>	\$ _____
_____ <b>Class Sponsor \$50</b>	\$ _____
_____ <b>Early Arrival</b> per horse \$20	\$ _____
_____ <b>IaAHA Aff Member \$20</b>	\$ _____
_____ <b>Incomplete Entry \$10</b>	\$ _____

**Total Due \$** \_\_\_\_\_

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

Make Checks Payable to: **Iowa Gold Star**

**Office Use Only**

AHA / USEF / Amateur Card / Reg Papers / W-9 / IaAHA Membership / Signatures			
Shavings Ck	Ck# _____	Amt Rec'd \$ _____	Credit / Balance Due \$ _____

**AHA ENTRY AGREEMENT – Regional and Local Show**

I have read the rules concerning competitions as printed in the Arabian Horse Association® (AHA®) Handbook and Directory and agree to be bound by and subject to those Rules.

**AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

**This document waives very important legal rights. Read it carefully before signing.**

In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows:

I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY.

I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises.

I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorneys fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control.

I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered.

I AGREE to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, Equine Canada or U.S. Equestrian Federation permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s) qualifications to enter the Competition or any results of the Competition.

I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, 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 or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. 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.

By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child.

This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

**Federation Entry Agreement**

By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaultor or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the competition. I agree to be bound by the Bylaws and Rules of the Federation and 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, the Federation, 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 Federation and/or the competition may use or assign photographs, videos, audios, cable-casts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. 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 Federation rules are governed by the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.

**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 [insert name] to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaultor, 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 all of the above provisions 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 their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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

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.

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

<b>Rider/Driver/Handler (Mandatory)</b> (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)	<b>Owner/Agent (Mandatory)</b>	<b>Trainer (Mandatory)</b>
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:
<b>Rider/Driver/Handler (Mandatory)</b> (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)	<b>If Rider/Driver/Handler is a Minor (Mandatory)</b>	<b>Coach (if applicable)</b>
Signature:	Parent/Guardian Signature:	Signature:
Print Name:	Print Parent/Guardian Name:	Print Name:
	Emergency Contact Phone #	
<b>Rider/Driver/Handler (Mandatory)</b> (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)	<b>If Rider/Driver/Handler is a Minor (Mandatory)</b>	<b>Rider/Driver/Handler (Mandatory)</b> (U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No)
Signature:	Parent/Guardian Signature:	Signature:
Print Name:	Print Parent/Guardian Name:	Print Name:
	Emergency Contact Phone #	

**REQUIRED INFORMATION FOR MINORS SHOWING**

Name of Minor \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Name of Minor \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_