



ENTRY FORM

MEDICINE HAT EXHIBITION & STAMPEDE
ALL BREED HORSE SHOW

OFFICE USE ONLY

*** ONE ENTRY FORM PER HORSE/RIDER COMBINATION ***

SHOW # _____

Horse's Name: _____

Note: If this horse is being exhibited by more than one rider please use the same name for the Horse on each entry form and please submit all entries for the same horse together.

Rider's Name: _____ Rider's Age as of Jan 1, 2017: _____

Address: _____

Town, Prov. & Postal Code: _____

Email: _____ Home Phone: _____ Cell #: _____

SHF#: _____ AEF#: _____ Are you nominated to the SHF Heritage Circuit?: Yes No

Age Division: (Circle applicable) Lead Line Novice Jr. C Jr. B Jr A Sr. Nifty 50+

FEE ROW TOTAL

Stall Fee: \$45.00 - one night (indicate which night) _____ or \$70.00 - weekend
(Note: \$20 refunded if stall is stripped clean at time of departure)
Stable With: (Indicate rider's name) _____ \$45.00 or \$70.00

Tack Stall: \$20 - one night indicate which night _____ or \$40 - weekend \$20.00 or \$40.00

Extra Shavings: (Note: One bag provided with stall) # of bags: _____ x \$10.00 /bag =

Pattern Book: (Note: Does not include Dressage tests) # of books: _____ x \$5.00/book =

Dressage Classes: (Note: A horse may compete in any two (2) but only two (2) consecutive levels to the maximum of four (4) tests per day, including the Freestyle. A Rider may enter up to two horses)
of classes: _____ x \$12.00/class =
Do you need a test reader? # of classes reader needed for: _____ x \$5.00/class =

List Dressage Class #'s Entered: _____

Regular Classes: # of classes: _____ x \$10.00/class =

List Regular Class #'s Entered: _____

Stake Classes: # of classes: _____ x \$25.00/class =

List Stake Class #'s Entered: _____

Late Fee: will be charged after July 7, 2017 # of classes: _____ x \$5.00/class =

TOTAL FEES SUBMITTED:

Method of Payment: Cash Cheque (Make payable to: MEDICINE HAT EXHIBITION & STAMPEDE) Debit Visa MC
Card #: _____ Expiry Date: ____/____/____ 3 Digit CCV: _____

Cardholder Signature: _____

WAIVER AND RELEASE OF LIABILITY

I confirm that every rider and/or horse is eligible as entered and agree for myself and my representatives to be bound by the rules and regulations of **The Medicine Hat All Breed Horse Show** at this competition.

I understand the equestrian sport involves innate risk and that no protective equipment can protect against all foreseeable injury. I acknowledge that the equestrian sport and its competitions are a high risk sport and that I am participating at my own risk with full knowledge of the hazards and potential hazards which are inherent in this sport.

In consideration of being permitted to participate in or in consideration of a horse owned by myself being permitted to participate at this com-petition, I assume all risk and agree to hold harmless **The Medicine Hat All Breed Horse Show**, the show committees, the organizers, the com-petition, their officials, organizers, agents, volunteers, employees and their representatives, as well as **The Medicine Hat Exhibitions and Stampede Co.**, its officers, directors, agents, employees, volunteers, and associates from all responsibility, liability, claims, demands, and actions, either in law or in equity, arising from mine or my horse's participation in **The Medicine Hat All Breed Horse Show**.

This assumed risk includes any bodily injury or personal injury (known or unknown), death, or property damage, including injury or damage to my horse, resulting from any accident which may have occurred as a result of mine or my horse's participation in this competition, or any activities in connection with the competition, whether negligent or otherwise.

I confirm that in making this entry I have read and fully understands and agree to its terms and conditions and that it is binding upon my heirs, executors, administrators, and assigns.

Signature of Owner: _____ Date: _____

Signature of Rider: _____ Date: _____

(If the rider is under 18 years of age, the Parent/Guardian must also sign below)

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated on behalf of _____ and myself.

Signature of Parent/Guardian: _____ Date: _____

I/we confirm there is liability coverage in force with respect to the owner-ship of the competing horse(s).

Yes ___ No: ___ Signed: _____ Date: _____

Mail entries to:
Medicine Hat Exhibition & Stampede
Box 1298
Medicine Hat, AB T1A 7N1

Or

Fax entries to: 403-529-6553

Or

Email entries to: mhstampede@mhstampede.com

For any questions please contact: 403-527-1234