

No refunds after closing date

Alliance Equestrian Center Show Entry Form

Saturday, August 5th, 2023

Entries accepted between July 1st and July 29th
One entry form per horse & rider combination! Please print clearly!

Horse Name _____ M ___ G ___ S ___ Breed _____ DOB _____
 Rider's Name _____ Date of Birth _____
 Rider's Address _____ City _____ State _____ Zip _____
 Rider's Phone _____ Email _____
 Owner's Name _____
 Owner's Address _____ City _____ State _____ Zip _____
 Trainer's Name (adult on grounds) _____ Phone _____
 Stable with (one individual name/farm – no guarantees) _____
 RIDER Member of (please circle) 4-H USPC IDS WDAA
 OWNER Member of (please circle) 4-H USPC IDS WDAA

Class	Class Description (limited to 3 classes per horse)	Fees

Subtotal of Class Fees	\$
Bedding @ \$8	
Stall @ \$30	\$
Haul In Fee @15	
Office Fee	\$10
Total	\$

Makes Checks Payable to: Whisler Equine Services

Mail to: Michael Whisler
 Alliance Equestrian Center
 2400 N. County Road 725 W
 Yorktown, IN 47396

EVERY ENTRY AT THIS COMPETITION SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT ALL PARTICIPANTS (WHICH INCLUDES WITHOUT LIMITATIONS, THE OWNER, LESSEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER, HANDLER AND THE HORSE) FOR THEMSELVES, THEIR PRINCIPALS, REPRESENTATIVES, EMPLOYEES AND AGENTS SHALL AGREE THAT THEY PARTICIPATE VOLUNTARILY IN THE COMPETITION FULLY AWARE THAT HORSE SPORTS AND THE COMPETITION INVOLVE INHERENT DANGEROUS RISK OF INJURY OR DEATH, AND BY PARTICIPATING THEY EXPRESSLY ASSUME ANY AND ALL RISKS OF INJURY OR LOSS, AND THEY AGREE TO INDEMNIFY AND HOLD THE COMMITTEE AND THEIR OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ALL CLAIMS INCLUDING INJURY OR LOSS SUFFERED DURING OR IN CONNECTION WITH THE COMPETITION, WHETHER OR NOT SUCH CLAIM, INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACT OR OMISSIONS OF SAID OFFICIALS, DIRECTORS, EMPLOYEES, OR AGENTS OF THE COMPETITION. FURTHERMORE, I AGREE TO ASSUME ALL RISKS UNDER THE INDIANA EQUINE LIABILITY LAW.

Signatures:

Rider _____ date _____ Owner _____ date _____

Parent or Legal Guardian (if under 18) _____ date _____