

2018 CHSA FINALS Horse Show
Friday, August 24 to Sunday, August 26, 2018
Entry Forms and Full Payment Due by Friday, August 10, 2018

Mail entries with check to:
 2018 CHSA Finals
 PO Box 54
 Danielson, CT 06239
Questions? Call 203-903-2472

NAME OF HORSE/PONY	CHSA#	COLOR	SEX	HEIGHT	AGE	CIRCLE SIZE
						Small Med Large Horse
RIDER	CHSA#	AGE	CLASS # (Pleasure \$75, Fences \$125, Schooling \$60)			
			Class 20. LEAD LINE \$40.00			

I have read the Connecticut Horse Shows Association ("CHSA") Entry Agreement as printed in the CHSA Finals Prize List and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to CHSA Rules, the CHSA Finals Prize List and local rules of competition. I agree that any actions against the CHSA must be brought in Connecticut State. I hereby give CHSA, its assigns, licensees and legal representatives the irrevocable right to use my name/photograph/image/audio recording/video recording/ and likeness ("My Image") in all forms and manner including but not limited to publication on Internet Web Sites, DVD, TV or internet broadcasts.

CHSA 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 the CHSA Finals held at WHC (Westbrook Hunt Club, 319 Pond Meadow Rd, Westbrook, CT 06498") to the following:
 I AGREE that I choose to participate voluntarily in the CHSA Finals with my horse, as a rider, driver, handler, 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 CHSA Finals 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 CHSA and WHC 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 CHSA or WHC.
 I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of CHSA or WHC.
 I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) CHSA and WHC 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 CHSA Finals.
 I have read the CHSA Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the CHSA 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 assume all of the obligations of this Release on the child's behalf.
 I AGREE that "CHSA" and "WHC" as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.
 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 CHSA on the official CHSA accident/injury report form. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.
ACTS OF GOD CLAUSE: CHSA is not responsible for weather or road conditions (including traffic), power outages, acts of God, criminal activities, economic downturns, political changes, or any other activity, event or condition beyond its control. There will be no refunds in the event of cancellation of classes due to severe weather or other emergencies or acts of God. **BY SIGNING BELOW, I AGREE** to be bound by all applicable CHSA Rules and all terms and provisions of this entry blank and the CHSA Finals Prize List.

 Rider Signature

 (Parent/Guardian if rider is <18)

Street _____
 City _____
 State _____ Phone _____
 Email _____

 Trainer Signature

 Print Name

Street _____
 City _____
 State _____ Phone _____
 Email _____
 Trainer USEF/USHJA# _____

 Owner Signature

 Print Name

Street _____
 City _____
 State _____ Phone _____
 Email _____

<u>Total Class Fees</u>	<u>40.00</u>
<u>Warm Up Tickets (\$35 ea)</u>	<u>0</u>
<u>Office Fee</u>	<u>0</u>
<u>Total Amt Due</u> <u>Checks Payable to CHSA</u>	<u>\$40.00</u>
<u>Check No.</u>	