

OFFICE USE ONLY

UPPERVILLE COLT & HORSE SHOW

Monday, June 1 – Sunday, June 7, 2020

CLEVELAND BAY

One Horse Per Entry Blank • Entries Close MAY 1, 2020

Entries postmarked after May 1 will incur a \$35 late fee

Make checks payable to:
Upperville Colt and Horse Show, Inc.

Mail Entries to:
Upperville Colt and Horse Show
P.O. Box 239
Upperville, VA 20185

FedEx/UPS (before show)
9197 John Mosby Hwy.
Upperville, VA 20184

OFFICE USE ONLY

Date Received

Name of Horse	Breed Reg. #	breed	color	sex	height	age

Classes Entered	Name of Handler	Name of Sire	Name of Dam	Sire of Dam
	1st handler			
	2nd handler			

UPPERVILLE COLT & HORSE SHOW ENTRY AGREEMENT

I have read the Rules & Regulations as printed in the Prize List for the Upperville Colt & Horse Show ("Competition") and agree to all of its provisions. I understand and agree that by entering this Competition, I am subject to the Competition Rules, the Prize List, and local rules of the competition. I agree to waive the right to the use of my photos from the competition, and agree that any actions against the Competition must be brought in the Commonwealth of Virginia.

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 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, driver, handler, vaulter, 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 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 Competition.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) 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 have read the Competition Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Competition 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.

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 Competition on an official accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable Competition Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

_____ Stalls @ \$275/wk (Due with entry) _____
(Entries will not be accepted without stall prepayment)

NO STALL _____

Please stable with: _____

Hunter Side _____ Jumper Side _____

_____ Camper @ \$325 _____

_____ Ambulance Fee @ \$20 _____ \$20

_____ Office Fee @ \$60 _____ \$60

_____ Late Fee after May 1 @ \$35 _____

_____ Scratch Fee @ \$35 _____

_____ Close out fee @ \$30 _____

No Grounds Fee for Cleveland Bay Division

TOTAL AMOUNT DUE _____

Credit Card # _____

Expiration Date _____ / _____ CID _____

Card Holder's Name _____

Address: _____

City/State/Zip: _____

Signature: _____

*Required EMERGENCY CONTACT NUMBER: _____

Owner/Agent Signature* _____ Trainer/Agent Signature* _____ Rider/Handler #1 Signature _____ Rider/Handler #2 Signature _____

Owner's Name (Please Print) _____ Trainer's Name (Please Print) _____ Rider's Name (please print) _____ Rider's Name (please print) _____

Address _____ Address _____ Address _____ Address _____

City, State, Zip _____ City, State, Zip _____ City, State, Zip _____ City, State, Zip _____

Owner's Email _____ Trainer's Email _____ Rider's Email _____ Rider's Email _____

Telephone (_____) _____ Telephone (_____) _____ Telephone (_____) _____ Telephone (_____) _____

Owner's Cell Phone _____ Trainer's Cell Phone _____

*Trainer's, Owner/Exhibitor's and Rider's signature blanks MUST be signed if Owner/Exhibitor or Trainer, sign both places. Trainer must be over 18 years of age. If rider is under 18, parent, guardian, trainer or agent must sign.