



Paso Fino Horse Show Entry Form

Hrs #	EB #
W-9	C H V

Name of Show _____ Location _____ Show Dates _____

Entries must be accompanied by PFHA cards for each owner, all riders, and trainer; USEF cards for one owner, all riders and trainer; health papers required by law (coggins, vaccine, health); if applicable, copies of Lease Agreement and Affidavit of Sales Contract. Pre-entry prices will not be honored if all credentials are not included by pre-entry deadline.

REQUIRED SIGNATURES ON REVERSE!!!

Horse's Complete Registered Name _____

Sire _____ Dam _____

PFHA Reg. # _____ USEF Reg # _____ (if appl.) MicroChip # _____ (if appl.)

Horse Sex _____ Foaling Date _____ Horse Color _____

Cls #		Rider/Handler Full Name	Jr. DOB	PFHA #	USEF #	ENTRY FEE
	Bella Forma					

PERSON RESPONSIBLE FOR PAYING BILL _____

SEND PAYBACKS TO _____

(If not designated, payback will be sent to the first owner listed below)

(Only One Owner's USEF Membership is Needed Below)

OWNER _____

PFHA Mem # _____ USEF Mem # _____

OWNER _____

PFHA Mem # _____ USEF Mem # _____

OWNER _____

PFHA Mem # _____ USEF Mem # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL # _____

E-MAIL _____

RIDER ONE ADDRESS – Same as owner (please check) If not, list below:

Address _____

City/State/Zip _____

RIDER TWO ADDRESS – Same as owner (please check) If not, list below:

Address _____

City/State/Zip _____

RIDER THREE ADDRESS – Same as owner (please check) If not, list below:

Address _____

City/State/Zip _____

TRAINER _____ PFHA Mem # _____ USEF Mem # _____

Address _____ City/State/Zip _____

Cell # _____ Email _____

Total Entry Fees from Above

USEF Fee @ \$23 (DM-\$15/USEF-\$8)	23.00
USEF Show Pass Fee _____ People x \$45	
USEF Membership _____ People x \$80	
PFHA Membership Fees	
PFHA Affidavit Fee _____ x \$40	
_____ Horse Stalls x \$ _____ ea.	
_____ Tack Rooms x \$ _____ ea.	
_____ Shavings x \$ _____ ea.	
_____ RV Fees x \$ _____ ea.	
_____ Visiting Horse Fee x \$ _____ ea.	
Other	
TOTAL FEES	

All Entries must be Paid In Full when entries are made
All Faxed entries must be Paid In Full with a Credit Card

If paying with credit card, please complete the Credit Card Form and submit with your entries.

NOTE: If entered in Amateur class, please give relationship of rider to owner:

If rider or an immediate relative is not the current owner of record, but is in process of purchasing the horse, an Affidavit of Sale form, with all required signatures, must be included with your entry.

Stable With:

- With _____
- Near _____

Office Use Only:

Date Rec'd. _____ Amt. Rec'd. \$ _____ Ck # _____ From _____ Bal. \$ _____ C.C. Approval # _____ C.C. - V - MC - AmEx - Disc Date run _____

PFHA ENTRY AGREEMENT – FOR NON-USEF SHOWS ONLY FOR USEF SHOWS USE THE USEF FEDERATION AGREEMENT

PFHA ENTRY AGREEMENT

By entering a PFHA licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, 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 Paso Fino Horse Association (PFHA) and the local rules of Georgia Spring Fling (Competition). I agree to be bound by the Bylaws and Rules of the PFHA and of 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 PFHA, 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 PFHA and/or the Competition may use or assign photographs, videos, audios, cable - casts, broadcasts, internet, film, new media 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 PFHA. 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 laws of the Commonwealth of Kentucky, and any action instituted against the PFHA must be filed in Kentucky.

PFHA 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 "PFHA" and "Competition" as used herein includes the Licensee and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, contractors and volunteers.

I AGREE that I choose to participate voluntarily in the Competition 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 Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death. I also acknowledge there is a risk of sickness and disease, including communicable disease ("Harm").

I AGREE to hold harmless and release the PFHA and 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 PFHA 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 PFHA or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the PFHA 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 while at the Competition. I have read the PFHA Rules about protective equipment, and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the PFHA 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 PFHA on the official PFHA accident/injury report form.

BY SIGNING BELOW, I AGREE to be bound by all applicable PFHA 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.

OWNER (Mandatory – Name & Signature required)	Print Name	Signature X
OWNER (Mandatory – Name & Signature required)	Print Name	Signature X
TRAINER (Mandatory – Name & Signature required)	Print Name	Signature X
#1 RIDER/DRIVER/HANDLER (Mandatory)	Print Name	Signature X
#1 Parental / Guardian Consent if a Minor	Print Name of Parent/Guardian	Signature X
#2 RIDER/DRIVER HANDLER (Mandatory)	Print Name	Signature X
#2 Parental/Guardian Consent if a Minor	Print Name of Parent/Guardian	Signature X
#3 RIDER/DRIVER HANDLER (Mandatory)	Print Name	Signature X
#3 Parental/Guardian Consent if a Minor	Print Name of Parent/Guardian	Signature X

IS RIDER/DRIVER/ #1 A U.S. CITIZEN: _____ YES _____ NO IS

RIDER/DRIVER/ #2 A U.S. CITIZEN: _____ YES _____ NO

IS RIDER/DRIVER/#3 A U.S. CITIZEN: _____ YES _____ NO

EMERGENCY CONTACT PHONE NUMBER DURING SHOW: _____

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