



# One Day Show Entry Form

Include a copy of horse registration papers & copy of owner/trainer/exhibitor AHA Competition Membership cards

SEND TO:  
Jennifer Dresdow  
921 Thieme Drive  
Fort Wayne IN 46802  
260-444-2066  
jendresdow@gmail.com

Horse Name \_\_\_\_\_ Registry \_\_\_\_\_ Registration # \_\_\_\_\_  Mare  Stallion  Gelding Year Foaled \_\_\_\_\_

Owner Name \_\_\_\_\_ (exactly as it appears on papers) AHA # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Exhibitor 1 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Class #: \_\_\_\_\_

Exhibitor 2 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Class #: \_\_\_\_\_

Exhibitor 3 Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate (MM/DD/YY) \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
Class #: \_\_\_\_\_

Trainer Name \_\_\_\_\_ AHA \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

|   |                 |
|---|-----------------|
| _____ Class Fee @ \$10.00                       | \$ _____        |
| _____ Halter/Eq/Walk-Trot @ \$8.00              | \$ _____        |
| _____ Office Fee @ \$8.00                       | \$ _____        |
| _____ AHA Single Event Member Fee @ \$35/person | \$ _____        |
| _____ Horse/Tack Stall @ \$20.00                | \$ _____        |
| _____ Bedding @ \$5.50/bag                      | \$ _____        |
| _____ Camper Hook-up @ \$10.00                  | \$ _____        |
| _____ Class Sponsorship @ \$20                  | \$ _____        |
| <b>ENCLOSED TOTAL FEES</b>                      | <b>\$ _____</b> |

MAKE CHECKS PAYABLE TO:

**AHA of INDIANA**

**Please read and complete release**

## ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT

I agree as follows by signing this entry:

I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME ALL RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY.

I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (including from damages, costs and attorney fees) Arabian Horse Association, the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my Horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law.

I further agree to adhere to the rules set forth in the Arabian Horse Association One Day Show Rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

\_\_\_\_\_  
Exhibitor or Parent/Guardian

\_\_\_\_\_  
Trainer

\_\_\_\_\_  
Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date