

## Jersey Classic Horse Show June 5 - 7, 2020 **ENTRIES CLOSE MAY 29, 2020**

## Breed Office Name of Horse/Pony Registration # Color Year Foaled Sex Use

Rider/Driver/Handler	ASHA	#	Class	Class	Class	Class	Class	Total		
	UPHA#		Circle 25 / 35	Circle 25 / 35	Circle 25 / 35	Circle 25 / 35	Circle 25 / 35			
Owner Information: (as					e)					
Name:							ASHA#			
Address: City, State, Zip:							UPHA#			
Phone: Email:										
Please provide an Emergency Contact Phone Number:										
Trainer Information – Must be Completed (if no Total Class Fees					Class/Entry	Qual/CH/TBA 25/35/45 \$				
trainer, owner may write same.)						@\$125				
Name:				Horse	Stabled e Fee	@\$50	\$			
Address:				Нау		@ Mkt	Price \$			
City, State, Zip:					ngs	Bales @ \$8				
Phone: I	Email:			Office		\$20/Horse	·	20.00		
Stable with: Arrival Date: Send Acknowledgements to: Owner Trainer			Flat S	per Space Show Fee	@\$160 \$ Arrival Date:					
Acknowledgements will be sent out via email only. Please provide above.				sorships NK YOU!		\$				
To pay by credit card (Visa	_			ТОТА	AL		\$			
Name as shown on card: _				Seno	d Entry to:	Joanne Benne	ett Bartley			
Billing Address:					23B Eisenhower Blvd. Duncannon, PA 17020					
Credit Card #:					717-580-0551 jbartley@embargmail.com					
Expiry Date:	Code	e:			μ	<u> </u>		<u>=</u>		

PayPal Payment Option at NJHorseShow@gmail.com Note - Entries

Please make checks payable to: "ASHA NJ"



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ASHA New Jersey and The Horse Park of New Jersey will not be responsible for any loss, personal injury or damage to horse exhibited or for any articles of any kind or nature that may be lost or destroyed or in any way damaged. Each exhibitor will be responsible for any injury that may be occasioned to any person or any animal or damage to any property while on the grounds by any horse owned or exhibited by him and shall indemnify the management against all legally established claims or damages of any kind or nature that may grow out of any injury occasioned by any horse owned or exhibited by him. Presentation of this entry blank shall be deemed acceptance of these rules.

"Every entry at a recognized show shall constitute an agreement and affirmation that the person making it, along with the owner, lessee, trainer, manager, agent, coach, driver, rider and the horse: (1) shall be subject to the Constitution and rules of the Association and the local rules of the show; (2) that every horse rider, and/or driver is eligible as entered; (3) that the owner and any of his representatives are bound by the rules of the ASHA and the show and will accept as final the decision of the hearing committee on any question arising under said rules and will agree to hold the show and the ASHA, their officials, directors and employees harmless for any action taken; (4) that the owner, rider/driver and any of their agents or representatives agree to hold ASHA, the show, and their officials, directors, employees and agents harmless for any injury or loss suffered during or in connection with the show, whether or not such injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees, or agents of the ASHA or show.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES PURSUANT TO P.L. 1997, C287 (C.5:15-1 ET SEQ.)

BY SIGNING BELOW, I AGREE to be bound by all applicable rules and all terms and provisions of this entry bland 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.

		PRINT NAME	ADULT SIGNATURE
OWNER			
TRAINER			
Owner must sign if no trainer			
Rider/Driver/Handler	Amateur or Junior		
rader, Briver, riamater	Exhibitor		
	Date of Birth:		
ADDRESS:			
	T		
Rider/Driver/Handler	Amateur or Junior Exhibitor		
	Date of Birth:		
	Date of Diftii.		
ADDRESS:			
PARENT/GUARDIAN			
(If Rider/Driver is a Minor)			
00 4 011			
COACH (if applicable)			
		1	

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# **ENTRY FOR ACADEMY CLASSES ONLY**

Please type or print. ONE HORSE PER ENTRY BLANK – Please make copies or request additional forms. **ALL ENTRIES MUST BE COMPLETE ON BOTH SIDES AND SIGNED** 

Office Use	Name of Horse/Pony		Breed		Color		Sex			
Rider/Driver/Handler Class Numbers										
Rider/Driver/Ha	ındler	Class Numbers								
OWNER INFORMATION:						Please provide an Emergency				
Name:					Contact Phone Number:					Circy
Address:										
City, State, Zip: _										
Phone: Email:										
Trainer Informa (if no trainer, ow			leted			otal Class/I	'Entry		\$	
					Fee			@\$125	5 \$	
Name:						on-Stabled	i	@\$125 @50	\$	
					Но	orse Fee				
City, State, Zip:							@Mkt l	,		
Phone:		Email:				avings		Bales @		
Stable with:		Arrival I	Date:		Office Fee			\$20/Horse	·	0.00
Send Acknowledgements to: Owner TrainerAcknowledgements will be sent out via email only.			rainer		Camper Space@\$160 Flat Show Fee Arrival Date:		0 \$			
Please provide ab	bove.					onsorship IANK YOU			\$	
To pay by credit ca	ard (Visa	a, Master Card, AM	1EX)		TOTAL \$			\$		
Name as shown on	ı card: _				_					
Billing Address: _	Silling Address: Send Entry to: Joanne Bennett Bartley									
Credit Card #:					23B Eisenhower Blvd. Duncannon, PA 17020					
Expiration Date: CVV Code:					717-580-0551 jbartley@embargmail.com					
PayPal Payment Option at NJHorseShow@gmail.com Note- Entries							ļ	<u>jbartley@emi</u>	<u>barqmaii.com</u>	<u>L</u>



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## ENTRY FORM FOR ACADEMY CLASSES ONLY

I choose to voluntarily participate in the Jersey Classic Horse Show, the "Competition". The competition as used herein includes all of their officials, officers, directors, employees, agents and volunteers. I fully understand that horses can be unpredictable; that being on or around horses involves inherent dangers which can result in serious loss, accident, bodily injury, pain, suffering or even death. I assume all risk of harm involved in my participation and I agree to release the Competition and the Horse Park of New Jersey from all claims for money damages or otherwise for any harm to me or my horse even if due to the negligence of the Competition or The Horse Park of New Jersey. I further agree to indemnify the Competition and The Horse Park of New Jersey and 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. I understand I am entitled to wear protective equipment without penalty and I am encouraged to do so while understanding that no protective equipment can guard against all injuries.

I have read this entire agreement before signing and I understand it and further agree to abide by the rules of the Competition.

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		PRINT NAME	ADULT SIGNATURE				
OWNER							
TRAINER Owner must sign if no trainer							
Rider/Driver/Handler	Amateur or Junior Exhibitor Date of Birth:						
ADDRESS:							
Rider/Driver/Handler	Amateur or Junior Exhibitor Date of Birth:						
ADDRESS:							
PARENT/GUARDIAN (If Rider/Driver is a Minor)							
COACH (if applicable)							