

ENTRY NUMBER _____

2020 MHCofT OPEN HORSE SHOW SERIES

ONE ENTRY FORM PER HORSE/RIDER



COGGINS INFORMATION: ACC. # _____ TEST DATE _____ LAB _____

*Must provide a photocopy of the negative Coggins test

HORSE NAME _____ BREED _____

EXHIBITOR'S NAME _____ 17 & UNDER ADULT

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL (ADULT ONLY) _____

OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

TRAINER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

CLASS(ES) ENTERED: # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

HIGH POINT DIVISION (CIRCLE): WALK/TROT NOVICE RIDER NON PRO OPEN

HOW DID YOU FIND OUT ABOUT OUR RANCH SHOW ? _____

WARNING: Pursuant to Chapter 87 of the Texas Civil Practice and Remedies Code, this release of liability is made and entered into on the date indicated below, by and between the Morgan Horse Club of Texas (hereinafter "MHCofT") and Exhibitor listed above (hereinafter "Exhibitor"); if Exhibitor is a minor, then Exhibitor's parent or guardian. Exhibitor agrees to assume any and all risks involved in or arising from Exhibitor's use or presence upon the facilities of MHCofT, including, without limitation but not limited to, the risks of death, bodily injury, property damages, falls, kicks, bites, collisions with vehicles, horses or stationary objects, or the negligent or deliberate acts of another person. Exhibitor agrees to hold MHCofT and all of its successors, assigns, members and/or officers completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries damages, costs or expenses arising out of Exhibitor's use of or presence upon the facilities of MHCofT, including without limitation but not limited to, the risks of death, bodily injury, property damage, including consequential damage, except if the damage are caused by the direct, willful or wanton negligence of MHCofT. Exhibitor agrees to indemnify and defend MHCofT against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees which in any way arise from Exhibitor's use of or presence upon MHCofT's facilities. Exhibitor agrees to abide by all MHCofT rules and regulations. **EXHIBITOR ACKNOWLEDGES THAT THEY HAVE READ, UNDERSTAND AND COMPLY WITH THE WARNING ABOVE.**

X _____ **X** _____

EXHIBITOR (PARENT OR LEGAL GUARDIAN IF UNDER 18) HORSE OWNER OR AGENT DATE

***** **FOR OFFICE USE ONLY** *****

NUMBER OF CLASSES _____ @ \$10.00 EACH = \$ _____ DATE _____

LATE FEE Day of show _____ @ \$25..00 = \$ _____ CASH \$ _____ CHECK # _____ / \$ _____

OFFICE AND GROUNDS FEE @ \$20.00 PER HORSE = \$ **20.00** STALL NUMBER(S) _____ / _____ / _____

_____ STALLS/TACK FEE @ \$20.00 PER STALL = \$ _____ PAYMENT COMBINED WITH OTHER ENTRY FORM(S)

_____ BAGS OF SHAVINGS @ \$ _____ EACH = \$ _____ ENTRY #(S) _____ / _____ / _____ / _____

* Pre-ordering of shavings is Mandatory. Must buy or bring one bag per horse stall. This is a facility requirement

NOTES: TOTAL = \$ _____