

# JERICHO PRODUCTIONS

## All Breed Open Pleasure Horse Show

**PLEASE PRINT— ONLY ONE OWNER PER ENTRY FORM**

**SUNDAY**  
**Entry Form**

Entry Number	Name of First Horse	Breed	Sex	Coggins		
Name of Handler/Rider/Driver for First Horse		Class Numbers				Fees
Name of Handler/Rider/Driver for First Horse		Class Numbers				Fees

**IF THERE ARE MORE THAN TWO HANDLERS FOR THE SAME HORSE  
FILL OUT THE NEXT SECTION LEAVING THE HORSE INFORMATION BLANK**

Entry Number	Name of Second Horse	Breed	Sex	Coggins		
Name of Handler/Rider/Driver for Second Horse		Class Numbers				Fees
Name of Handler/Rider/Driver for Second Horse		Class Numbers				Fees

**IF THERE ARE MORE THAN TWO HANDLERS FOR THE SAME HORSE  
FILL OUT THE NEXT SECTION LEAVING THE HORSE INFORMATION BLANK**

Entry Number	Name of Third Horse	Breed	Sex	Coggins		
Name of Handler/Rider/Driver for Third Horse		Class Numbers				Fees
Name of Handler/Rider/Driver for Third Horse		Class Numbers				Fees

Please fill out completely for our mailing list.

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_

\*\*\* ALL HANDLERS/ RIDERS/ DRIVERS MUST SIGN BELOW \*\*\*

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(If the Handler/Rider/Driver is a Minor please sign the REVERSE side)

**MAKE CHECKS  
PAYABLE TO:  
  
JERICHO  
PRODUCTIONS**

<b>OFFICE USE:</b>
TOTAL ENTRY FEES _____
STALLS ___ DAYS ___ FEES _____
GROUNDS FEE _____
NUMBER FEE @\$1 _____
OFFICE FEE @ \$5 _____
OTHER/ SHAVINGS/ ETC _____
TOTAL _____

### JERICO PRODUCTIONS WAIVER

Every entry made on this entry blank shall constitute an agreement and affirmation that all participants in the Open All Breed Pleasure Horse Shows (which shall include, without limitation, the owner, lessee, trainer, manager, agent, coach, driver, rider, handler, and the horse) for themselves, their principals, representatives, employees, agents: (1) shall be subject to the rules of the Open All Breed Pleasure Horse Shows; (2) represent that every horse, rider, driver and handler is eligible as entered; (3) agree to be bound by the rules of the Open All Breed Pleasure Horse Shows, and will accept as the final decision of the hearing committee on any question arising under said rules and agree to hold the Jericho Productions, Open All Breed Pleasure Horse Shows and its officers, directors, employees, and agents harmless for any action taken: and (4) agree that they participate voluntarily in the competition full aware that horse sports and the competition involve inherent dangerous risk of serious injury or death and by participating they expressly assume and all risks of injury, or loss, and they agree to indemnify and hold the Jericho Productions All Breed Pleasure Horse Shows and their officers, directors, employees, and agents harmless from any and against all claims including for any injury or loss suffered during, or in connections with the competition, whether or not such claim, injury or loss resulted, directly or indirectly from the negligent acts or omissions of said officers, directors, employees or agents of the Jericho Productions Open All Breed Pleasure Horse Show.

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of an person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1)(E) of the Wisconsin Statutes.

### JUNIOR/ MINOR EXHIBITOR CONSENT

I hereby consent to the entry of my child I this horse show and acknowledge that I have read the front side and reverse side of this entry form and agree to the applicable terms, conditions, waivers, and consent as set forth herein and accept responsibility for the participation of said junior/minor.

Name of Junior \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Name of Junior \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Name of Junior \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_