

EB# \_\_\_\_\_



**YOU MUST COMPLETE BOTH SIDES OF THIS FORM**

**RMHA International Grand Championship Horse Show  
Kentucky Horse Park September 6-9, 2023  
Entry Form**

Back # \_\_\_\_\_ (assigned by office)

Date Received \_\_\_\_\_

Horse's Official Registered Name \_\_\_\_\_

DOB \_\_\_\_\_ Registration # \_\_\_\_\_ Mare Gelding Stallion

Owner's Name \_\_\_\_\_ Memb # \_\_\_\_\_

Owner's Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Trainer's Name \_\_\_\_\_ Memb # \_\_\_\_\_

Trainer's Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

• Rider 1 Name \_\_\_\_\_ Memb \_\_\_\_\_

Rider 1 Address \_\_\_\_\_

Rider 1 Card # \_\_\_\_\_ Class \_\_\_\_\_

• Rider 2 Name \_\_\_\_\_ Memb \_\_\_\_\_

Rider 2 Address \_\_\_\_\_

Rider 2 Card # \_\_\_\_\_ Class \_\_\_\_\_

• Rider 3 Name \_\_\_\_\_ Memb \_\_\_\_\_

Rider 3 Address \_\_\_\_\_

Rider 3 Card # \_\_\_\_\_ Class \_\_\_\_\_

Pre-entries may be emailed to [rmhashowsecretary@gmail.com](mailto:rmhashowsecretary@gmail.com) or mailed to Ken Simon, P.O. Box 1440, Stanton, KY 40380. **No Text Messages / Pictures** of entry form and registration papers will be accepted. Fill out one Pre-Entry Form per horse. Pre-Entry Form must be fully completed with the horse, riders, owner and trainer information. Only one pre-entered class per horse is required to receive the pre-entry price (\$35) on subsequent classes entered. Pre-entries will be accepted until September 1 at 4:00 p.m. Pre-entries received after that time will be charged full price (\$50) per class. Send no payment with the Pre-Entry Form, payment will be made at the show office. Stalls must be reserved through the RMHA web site, [rmhorse.com](http://rmhorse.com).

1. Participating Memberships must be obtained by contacting the RMHA office prior to making pre-entries.
2. A copy of the front and back of RMHA horse registration must be included with pre-entries.
3. Ownership of horse must be current on RMHA registration papers, or show proof of transfer has been submitted to the RMHA Office.
4. Horses participating in under saddle classes must be certified. (If in process, a copy of the signed approval for certification must be included.)
5. Weanling registration may be pending (show proof of application submission), all others must be registered.

Responsible Party for this Horse (Print Name): \_\_\_\_\_ Member No. \_\_\_\_\_

Responsible Party for this Horse (Signature): \_\_\_\_\_

Paybacks to be issued to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social: \_\_\_\_\_

**All show expenses must be paid before the end of the show by check, credit card or cash. A W-9 will be required to be submitted to receive any paybacks. The RMHA Office will mail paybacks within 30 days, following the last day of competition provided all fees have been paid and a W-9 has been submitted. You are responsible to review your settlement sheets for accuracy. No refunds or disputes will be honored 60 days after the competition**

# Statement of Responsibility and Hold Harmless Agreement

## A Copy of all entry forms for which this party is responsible must be attached.

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Preliminary Class Entries		Pre-Entry per class Entry per class	\$35 \$50	Total Regular Class Entry Fees	
Championship Class		Entry per class	\$60	Total Championship Class Entry Fees	
Youth Grand Championship Entries		Entry Fee	\$45	Total Youth Grand Championship Fees	
Grand Championship Class Entries		Entry Fee	Am/AOT/Novice \$85 Open \$100	Total Grand Championship Fees	
Horse Stalls		Stalls	Week \$180 Per day \$60 Early Arrival/Late out \$50	Total Horse Stall Fees	
DQP Fee		Price per Horse per day	\$10	Total # of Horses :Wednesday: Thursday: Friday: Saturday:	
KHP per horse fee			\$10 per horse/event	_____ No. of horses x \$10	
Box Seats		4 People 8 People 12 People	\$50 \$100 \$125	Total Box Seats	
				<b>Total Due:</b>	

### A COPY OF REGISTRATION PAPERS MUST BE SENT WITH EACH ENTRY

**Name of Individual Responsible for Account:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

This statement and release pertains to horses brought by the undersigned to **THE ROCKY MOUNTAIN INTERNATIONAL GRAND CHAMPIONSHIP HORSE SHOW** held at **THE KENTUCKY HORSE PARK** from **SEPTEMBER 6-9, 2023**.

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Address)

**Certify that:**

- I am the owner or authorized representative of the owner, of all of the horses listed on the attached entry forms and
- The horse(s) listed below will remain in my full care, custody, and control or in the care, custody and control of the individual(s) as listed below at all times that the horse(s) are at above listed event and;
- I understand that horses may be dangerous animals and that participation in the activities of the listed event involves inherent risk of serious injury, including permanent disability or death. I further understand that such risks include, but are not limited to the following:
  - The propensity of an equine to behave in ways that may results in injury, death, or loss to persons on or around the equine;
  - The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
  - Hazards, including but not limited to surface or subsurface conditions;
  - A collision with another equine, another animal, a person or an object.
  - The potential of an equine activity participant to act in a negligent manner than may contribute to injury or death or loss to the person of the participant or to other persons, including but not limited to failing to maintain control over an equine or failing to act within the ability of the participant.
- I understand that many of the people who will attend this event will have little if any knowledge of horses and the dangers they pose to people and;
- I and those designated below will show good judgment in managing/handling/riding the horse(s) listed in this document and will make every effort to prevent the horse(s) from biting, kicking, or inflicting injury to any person or causing any damage to personal property or the premises of the event during this event and;
- Each horse I am bringing to this event is in good health and free of communicable diseases and each horse is suitable for participation in an event where there will be a large number of horses and people. None of the horses listed has previously exhibited dangerous behavior.

**Further, I as the owner, or authorized representative on behalf of the owner, agree to:**

- Indemnify and hold harmless, **The Rocky Mountain Horse Association, the KY Horse Park and Commonwealth of KY** and their agents, officers, and employees from and against any and all claims (including lawsuits, administrative claims and other proceedings), losses, costs, damages or expenses including, but not limited to death of any person or damage to any property caused by any act, omission, or neglect of myself or my agents, employees, invitees, guests or any horse listed below which result from my participation in this event and;
- Bring the horse(s) listed on this document to this event and use the stall spaces and other facilities provided entirely at my own risk, and;
- Promptly remove my horse(s) from this event at the discretion and request of Management and;
- Abide by all rules and instructions of Management.

**SECTION 10: KENTUCKY FARM ANIMAL ACTIVITY LIABILITY ACT WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.**

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of Authorized Representative (if applicable)

\_\_\_\_\_  
Date

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

CARD HOLDER NAME (please print) \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

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