ENTRY FORM

One Horse/Rider Combination per Form

_____
Name of Show

_____
Date of Show

_____
Name of Horse

Class #	Class Description	Fees

Total Class Fees _____
Office Fee _____
Stabling Fee (or Haul-in Fee) _____
____ Bags of Shavings @ $_____ per bag = _____
Total Fees (See Prize List for Payee Name) _____

_____
Rider/Handler Name
❑Adult Amateur (22 & over) ❑Jr/Yg Rider (21 & under) DOB_____ ❑Open/Hors de Concours

_____
Address

_____
City State Zip

_____
E-mail Address Phone Number

_____
Owner Name

_____
Address

_____
City State Zip

_____
E-mail Address Phone Number

_____
Stable or Group Name Approx. arrival time & date

Mare Gelding Stallion (circle one)

IDCTA RELEASE, WAIVER, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT ("Agreement")

I, as a rider, auditor, spectator, groom, volunteer, sponsor, trainer, or other attendee of this event, ("Participant" or "I"), on my own behalf, (or if as the Parent/Legal Guardian of a minor Participant, on my own behalf and on behalf of the minor Participant), understand, accept, and assume the risks of engaging in equine activities, including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the Participant, (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals, and (iii) the hazards of surface or subsurface conditions. I agree at all times to be responsible for my personal safety, remain financially responsible for my medical expenses, and waive my right to any claim against IDCTA, its sponsor(s), instructor(s), and/or auditors, and IDCTA agents, affiliates, volunteers, independent contractors, employees, directors, officers, Board of Directors, and committee or other members and competition management and their officials, employees, and volunteers as well as the owners, occupiers, landlords, tenants, licensees, licensors, beneficiaries, and any others with an interest in the facility where any part of the event takes place (collectively "IDCTA"), arising from my participation in, or observation of, this equine activity. I agree to release, hold harmless, and indemnify IDCTA for any illness, injury, death, damage, cost or other loss incurred whether by a dangerous latent condition, negligence or otherwise.

By signing below, I certify that I have read this entire Agreement, acknowledge that the proper Warning sign has been posted, and understand, agree and intend to be bound by all of the terms and conditions contained in this IDCTA Release, Waiver, Hold Harmless, and Indemnification Agreement.

I further represent that I and the horse entered are eligible as entered. I also agree to be bound by the rules of the competition.

"WARNING: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities." (Senate Bill 240-IL)

A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a 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.

This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois. All disputes relating to the interpretation and enforcement of this Agreement shall be resolved exclusively by the state court in Lake County, Illinois. The parties hereto hereby submit to the jurisdiction and venue of the Court for such purpose. Participant agrees that any and all claims and/or causes of action, for injury, death, property damage, or other claims or losses by Participant, on his/her own behalf and/or on behalf of a minor Participant, against IDCTA, must be brought within one (1) year of the date they accrue.

_____
Rider's/Handler's Signature Print Name
(Parent or Guardian if under 18 years of age)

_____
Horse's Owner's Signature Print Name

Entries will not be accepted without:
❑ Photocopy of this form neatly completed
❑ Two required signatures
❑ Correct payment made payable to competition, **NOT** IDCTA (see prize list for specifics).
❑ Copy of a current, negative Coggins test.
❑ I/we can volunteer at this show between classes. Please contact:

Name:_____Phone:_____