



AMHA Star Rated Show Entry Form

REQUIRED: Include a copy AMHA Membership Card (if applicable) and current coggins

SEND TO:

Autumn Classic
 PO Box 70273
 Albany, GA 31708
 Show Secretary: Melinda Rich

Horse's Name		Breed		Reg No	
Rider 1	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Age	
Address		City		State	Zip
Guardian if under 18		Email		Phone #	
Rider 2	Class #				
	Class Fee				
Name		DOB MM/DD/YY		Age	
Address		City		State	Zip
Guardian if under 18		Email		Phone #	

OWNER INFORMATION Owner name as it appears on registration papers/purchase contract

Name _____
 Address _____ Phone _____
 City _____ St _____ Zip _____
 Email _____

TRAINER INFORMATION must be filled out, if no trainer, owner may write in "same"

Name _____
 Address _____ Phone _____
 City _____ St _____ Zip _____
 Email _____

Stable With _____

# Class Fee @ \$10.00	\$	_____
# Class Fee @ \$15.00	\$	_____
# Class Fee @ \$20.00	\$	_____
# Class Fee @ \$25.00	\$	_____
Office Fee @ \$20.00	\$	_____
per horse		
# Tack Stall @ \$65.00	\$	_____
# Horse Stall \$65.00	\$	_____
OR		
Grounds Fee \$25.00	\$	_____
if not stalling		
Post Entry @ \$15.00	\$	_____
per horse after Nov 1		
Total Enclosed Fee	\$	_____
Make Checks Payable to: Autumn Classic		

PLEASE READ AND COMPLETE RELEASE

Release of Liability: ASSUMPTION OF RISK, RELEASE AND HOLD HARMLESS AGREEMENT. I agree as follows by signing this entry:

I choose for myself (or as parent or guardian to permit a junior exhibitor) to participate voluntarily in this competition. I AM FULLY AWARE AND ACKNOWLEDGE THAT PARTICIPATION IN THIS COMPETITION INVOLVES SERIOUS RISKS OF HARM, INCLUDING PERSONAL INJURIES, DEATH AND DAMAGES TO PROPERTY. I ASSUME RISKS OF HARM AND DAMAGES TO ME, MY HORSE AND PROPERTY. I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS (Including from damages, costs and attorney fees) AMHA, the Competition, the facilities, and all of their respective Agents, Servants, Employees and Volunteers (Collectively the "Released Parties") from any claims, relating to the competition and my participation in the competition, belonging to me, or legally caused by me or my horse, for any kind of damages, losses, or injuries to myself, other persons, horses or property to the fullest extent permitted by law.

I further agree to adhere to the rules set forth in the AMHA Star Rated Show and Autumn Classic Charity Show Rules & Guidelines and understand all decisions made by the judge are deemed final and can not be protested.

Owner **Mandatory-No Junior Signatures	Signature X	
Trainer or Custodian of horse @ show **Mandatory-No Junior Signatures **Adult Owner must sign if no trainer	Signature X	
Rider 1 **Mandatory-No Junior Signatures	Signature X	
Rider 2 **Mandatory-No Junior Signatures	Signature X	

***Entries must be postmarked no later that November 1, 2018**

***Copies of Dressage entries must also be sent to Teresa Underwood for ride times to be assigned**

Teresa Underwood-4751 Shirley Rd, Gainesville, GA 30506 or lazywold@bellsouth.net

OFFICE USE:
 Check # _____ Amount of Check _____ Name on Check _____