

MAIL ENTRIES TO

**MHJA**

P.O. Box 13904

Jackson, MS 39236

Laurie McRee 601-927-4503

MHJA's

Spring Fling

May 8 - 10, 2009

Carbor Multipurpose and Equine Center

Carbor, Mississippi

Stall Fees must accompany Entries

**ENTRIES received AFTER**

**5:00 PM on Tues, May 5th**

**will be charged a  
\$15 LATE FEE**

Name of Horse							Breed	Color	Sex	Height	Age	Pony Meas	<b>\$40 Fee on all Returned Checks</b>	
													<b>COGGINS REQUIRED</b>	
													<b>GOLF CARTS DRIVEN BY LICENSED DRIVERS ONLY!</b>	
Rider's Name			Jr Birthday		List Classes by Class # to be Entered			MHJA	GCHJC	LHJA	OPEN CHECK PAYABLE TO MHJA			
Rider #1			#1		Rider #1			Circle Membership Indicate Rider # for memberships			NAME REC PRIZE MONEY			
Rider #2			#2		Rider #2						SSN or Fed ID:			
<p align="center"><b>MISSISSIPPI HUNTER JUMPER ASSOCIATION ENTRY AGREEMENT</b></p> <p>By entering a MHJA competition and signing this entry blank as Owner, Lessee, Rider, Trainer, Agent, and on behalf of myself and my principals, I agree that I am subject to the Bylaws and Rules of MHJA and the rules of this competition. I agree to be bound by the Bylaws and Rules of the MHJA and this competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the MHJA, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or to participate under the rules and every horse I am entering is eligible as entered. <b>MHJA RELEASE, ASSUMPTION OR RISK, WAIVER AND INDEMNIFICATION</b></p> <p align="center">This document waives important legal rights. Read it carefully before signing.</p> <p align="center">I AGREE in consideration for my participation in this horse show to the following:</p> <p>I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, lessee, owner, agen, trainer, or as parent or guardian of a junior exhibitor. I am am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head enjuries, trauma, pain, suffering, or death ("Harm"). I AGREE to release the MHJA from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Association or the competition. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the MHJA. I AGREE to indemnify (that is to pay any losses, costs, damages incurred by) the MHJA and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the competition. I have read the MHJA Rules about protective equipment and I understand that I am required to wear said protective equipment. I acknowledge that the MHJA requires me to do so while WARNING that no protective equipment can guard against all injuries.</p> <p>If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and I AGREE to assume all of the obligations of this Release on the child's behalf. I AGREE that "the Association" and this "competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers. I AGREE that if I am injured at this competition, the medical personnel treating my injuries may provide information on my injury and treatment to the MHJA on the official injury form. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.</p> <p><b>BY SIGNING BELOW, I AGREE to be bound by all applicable MHJA Rules and all terms and provisions of this entry blank.</b></p>													# Stalls @ \$75	_____
													# Bags Shav @\$6.50	_____
													Office & EMT \$25	_____
													Grounds Fee \$25	_____
													Camper Fee \$25/day	_____
													Regular Classes \$20	_____
													Classics \$35	_____
													Add Backs \$35	_____
													B/R Warm Up @ \$30	_____
													<b>TOTAL</b>	_____
													<b>STABLE ME WITH:</b>	_____
Owner/Agent				Trainer/Agent				Rider# 1			Rider #2			
Print Owner's Name				Print Name				Print Name #1			Print Name #2			
Address				Address				Address			Address			
City/State/Zip				City/State/Zip				City/State/Zip			City/State/Zip			
Tel/Email				Tel/Email				Tel/Email			Tel/Email			
Guardian (if owner under 18)								Guardian (if rider#1 under 18)			Guardian (if rider#2 under 18)			