

MAIL ENTRIES TO:

**MHJA** (www.mhja.net)

P.O. Box 13904

Jackson, MS 39236

Laurie McRee 601-927-4503

MHJA's

# Oktoberfest

## October 15 - 17, 2010

Canton Multipurpose and Equine Center  
Canton, Mississippi

Stall Fees must accompany Entries

ENTRIES received AFTER

5:00 PM on Tues, Oct. 12th

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

Name of Horse		Breed	Color	Sex	Height	Age	Pony Meas	\$40 Fee on all Returned Checks	
								COGGINS REQUIRED	
								GOLF CARTS DRIVEN BY LICENSED DRIVERS ONLY!	
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. MHJA RELEASE, ASSUMPTION OR RISK, WAIVER AND INDEMNIFICATION</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, agent, trainer, or as parent or guardian of a junior exhibitor. I 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 injuries, 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 align="center"><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 _____	
								Non Show Horse \$25 _____	
								Regular Classes \$20 _____	
								Classics \$20 \$30 \$55 \$65 _____	
								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)		

