



**The 2022
MJMHA Classic Horse Show
Ingham County Fairground
April 21-23-2023**

**You can also enter online at
www.gaitkeeper.com!**

Entries close: April 12, 2023
dowrebec@gmail.com
Make checks payable to: MJMHA
Mail Entries to: Rebecca Rett
300 Ives Road
Mason, MI 48854

One Owner per Entry Blank
Indicate Rider Number in () for each class.

Leave Blank	Horse				Class# ()	Class# ()	Class# ()	Class# ()	Class# ()
	Color	Age	Sex	Reg. #	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed				Rider # 1:				
	USEF Perm. Recording No. (if applicable)				Rider # 2:				
Leave Blank	Horse				Class# ()	Class# ()	Class# ()	Class# ()	Class# ()
	Color	Age	Sex	Reg. #	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed				Rider # 1:				
	USEF Perm. Recording No. (if applicable)				Rider # 2:				
Leave Blank	Horse				Class# ()	Class# ()	Class# ()	Class# ()	Class# ()
	Color	Age	Sex	Reg. #	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:	Entry Fee:
	Breed				Rider # 1:				
	USEF Perm. Recording No. (if applicable)				Rider # 2:				

OWNER Information

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____

TRAINER Information

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____

RIDER Information #1

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Date of Birth (Eq Rider): _____

RIDER Information #2

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Date of Birth (Eq Rider): _____

All Entries must be complete to have back number issued. To be complete each entry must include: a copy of each horse's registration paper, purchase contract (if applicable) and membership cards for MJMHA and AMHA for each rider, driver, handler, owner and trainer.

EVERY RIDER, DRIVER, OWNER, TRAINER MUST SIGN THE WAIVER ON PAGE 2.

NSF check return fee is \$50.00

Total Class Entry fees	\$ _____
Office fees @ \$25 per horse	\$ _____
Horse Stalls @ \$75	\$ _____
Tack Stalls @ \$75	\$ _____
Early Move in @ \$25 per stall	\$ _____
Late Entry Fees @ \$30 per horse	\$ _____
Camping @ \$85 for show	\$ _____
Sponsorship (\$30, \$60, \$100, \$300+)	\$ _____
Credit Card convenience charge @ 5%	\$ _____
Total Fees	\$ _____

_____ Check payable to MJMHA or _____ Visa, _____ Mastercard

Card Holder (print) _____

Acct# _____ Expiration Date _____

CVV _____ Billing zip _____

Signature _____

MICHIGAN JUSTIN MORGAN HORSE ASSOCIATION, INC., RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Competition to the following:

I AGREE that the “**MICHIGAN JUSTIN MORGAN HORSE ASSOCIATION, INC., also known as MJMHA**” and “**Competition also known as MJMHA Classic Horse Show**” as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, vaulter, longe-liner, lessee, owner, agent, coach, trainer, or as parent or guardian bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).

I AGREE to hold harmless and release the Michigan Justin Morgan Horse Association and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or results, directly or indirectly, from the negligence of the Michigan Justin Morgan Horse Association, Inc., 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 Michigan Justin Morgan Horse Association, Inc., or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Justin Morgan Horse Association, Inc., and the Competition 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 while at the Competition. I am aware of protective equipment and I understand that I am entitled and it is recommended to wear protective equipment without penalty, and I acknowledge that the Michigan Justin Morgan Horse Association, Inc. strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior exhibitor, I consent to the child’s participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child’s behalf. I represent that I have the training, coaching and abilities to safely compete in this competition.

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 Michigan Justin Morgan Horse Association, Inc., in writing as a report.

BY SIGNING BELOW, I AGREE to be bound by all applicable terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

**Rider/Driver/Handler/Vaulter/Longe-liner (mandatory)
COACH**

OWNER/AGENT

TRAINER

(mandatory)

(mandatory)

(mandatory)

Signature: _____

Signature: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Print Name: _____

Print Name: _____

Parent/Guardian Signature (required if Rider/Driver/Handler/Vaulter/Longe-liner is a minor): _____

Print Parent/Guardian Name: _____

EMERGENCY CONTACT PHONE NO. _____

Is Rider/Driver/Vaulter a U.S. Citizen: _____ Yes _____ No