NO:_____ NO:_____NACSHHS #_____NACCS#_____

HITCH NAME_____

OWNER'S NAME_____

ADDRESS_____

CITY _____STATE/ZIP _____

PHONE ( ) _____ CELL PHONE ( ) _____

SOCIAL SECURITY #_____ E-MAIL _____

BREED_____ARRIVAL DATE:_____TIME:_____

CLASS #	DRIVER	ENTRY FEE

BOX STALLS @ $40 per Stall	
CAMPER FEE @ $175 (Tues. 9/24 thru Mon.9/30/19)	
GATE ADMISSION POLICY: Wristbands are good for daily admission to the grounds and unlimited access to and from the stabling area and Coliseum. Upon receipt and payment in full of your entry, wristbands and parking passes will be mailed with your acknowledgment. Wristbands will be provided at no charge, based on the number of horses in your stable. 1 horse = 2 wristbands, 2 horses = 3 , 3 horses = 4, 4 horses or more= 5 wristbands. Additional wristbands may be purchased at the Horse Show Office for $20.00 each.. No Refunds.	
BOX SEATS 4 seats @ $100 6 seats @ $150 8 seats @ $200	
CLASS SPONSORSHIP: REGULAR CLASS $100 **FOUR OR SIX-HORSE HITCH CLASS $250**	
EASTERN STATES EXPOSITION FOUNDATION TAX DEDUCTIBLE DONATION	
OFFICE FEE	**$15**
TOTAL FEES DUE	
AMOUNT ENCLOSED	

EASTERN STATES EXPOSITION
DRAFT HORSE SHOW

1305 MEMORIAL AVENUE, WEST SPRINGFIELD, MA 01089
Phone: 413-205-5016 Fax: 413-205-2104 (Fax after 9/6/19: 413-205-5108)
www.TheBigE.com/horseshow

To order feed & bedding, call 413-205-5307
or online at www.TheBigE.com/agriculture

September 26 - 29, 2019

Equestrian 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 I choose to participate voluntarily in the Competition with my horse/horses, as a driver, handler, 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 Eastern States Exposition from all claims for money damages or otherwise for any Harm to me or my horse/horses and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of Eastern States Exposition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) Eastern States Exposition 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.
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 AGREE that Eastern States Exposition as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

BY SIGNING BELOW, I further AGREE to be bound by all applicable Rules and all terms and provisions of this entry blank.

Owner/Driver/Handler (mandatory - complete and circle one)

Signature:_____

Print Name:_____

Parent/Guardian Signature (Required if /driver/handler is a minor):

_____

Print Parent/Guardian Name: _____

SEND WRISTBANDS AND PARKING PASSES TO:

Name: _____

Street:_____

City/State:_____ **Zip:**_____

PAYMENT IN FULL MUST ACCOMPANY THIS FORM NO REFUNDS!!

Entries Close
August 15, 2019

Visa ____ MasterCard ____ Discover ____

Card # _____ **Exp. Date** _____

Signature: _____