



Des Moines Springfest Horse

April 27-30, 2017

Include with entry a copy of:
Registration Papers

One Owner per entry blank, complete both sides

Office Use

Office Use	Name of Horse					Reg. No.	Color	Sex	Age	Ht.	Shown By
	Class					Classics Only:					
	Fee					Sire: Dam:					

Office Use

Office Use	Name of Horse					Reg. No.	Color	Sex	Age	Ht.	Shown By
	Class					Classics Only:					
	Fee					Sire: Dam:					

Office Use

Office Use	Name of Horse					Reg. No.	Color	Sex	Age	Ht.	Shown By
	Class					Classics Only:					
	Fee					Sire: Dam:					

Office Use

Office Use	Equitation Rider					City, State				Age	UPHA#		
	Class					Equitation Horse				Reg. No.	Color	Sex	Age
	Fee												

Feed & Bedding Orders:

#bags of Shavings _____

#bales of Hay _____

Hay must be pre-ordered
Shavings orders can be placed in the
show office the night before delivery

Stable With:

____ Total Entry Fees for classes..... _____
 ____ STALLS @ \$120 each..... _____
 ____ OFFICE FEE @ \$25 per horse/pony.....> _____
 ____ SPONSORSHIP..... _____
 ____ TOTAL..... _____

All horses must have negative coggins test performed within 12 months
of the show and current health papers issued within 30 days of the show.

SEND PAYMENT IN FULL TO:

Des Moines Springfest Horse Show
Lenard Davenport
231 S. James River Landing
Nixa, MO. 65714-8900
(417) 861-9192

OFFICE USE

Date Rec'd. _____

Check No. _____ Amount _____

Complete Both Sides

Signatures Required

Signatures required in three (3) places at X below!

Entries not signed will not be accepted! Carefully read this agreement before signing:

Complete both sides!!

I AGREE NEITHER THE DES MOINES SPRINGFEST HORSE SHOW ITS PRINCIPAL AND AGENTS, THE IOWA STATE FAIR GROUNDS, THE STATE OF IOWA OR THE MANAGEMENT, OR THE OFFICIALS OF THE SHOW WILL BE RESPONSIBLE FOR ANY ACCIDENT, DAMAGE, LOSS OR INJURY TO MOUNT, OWNER, RIDER, OR OTHER PERSONS OR PROPERTY. IT WILL BE THE CONDITION OF ENTRY THAT EACH EXHIBITOR SHALL HOLD THE HORSE SHOW AND ITS MANAGEMENT BLAMELESS FOR ANY LOSS OR ACCIDENT TO ANY ANIMAL, PERSON OR PROPERTY THAT MAY OCCUR FROM SICKNESS, FIRE AND OTHERWISE AT THIS SHOW.

Entry Agreement

By entering and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Driver, Rider, Handler, and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of the Iowa Horse Shows Association and the local rules of the competition. I agree to be bound by the Bylaws and Rules of the Iowa Horse Shows Association and the 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 Iowa Horse Shows Association, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Iowa Horse Shows Association and/or the competition may use or assign photographs, videos, audios, cable-casts, or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Iowas Horse Shows Association. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

Equestrian Release, Assumption of Risk, Waiver and Indemnification

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

I AGREE in consideration for my participation in this Competition [DES MOINES SPRINGFEST] to the following:

I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, driver, handler, lessee, owner, agent, coach, 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 Iowa Horse Shows Association and the Competition 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 Iowa Horse Shows 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 Iowa Horse Shows Association or the Competition.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Iowa Horse Shows Association 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 at the Competition.

Federation 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 assume all of the obligations of this Release on the child's behalf.

I AGREE that "the Iowa Horse Shows Association" and "Competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

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 Iowa Horse Shows Association on the official accident/injury report form. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

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

x _____
Owner or Agent's Signature
Name _____
Address _____
City, State, Zip _____
Telephone _____

x _____
Trainer's Signature
Name _____
Address _____
City, State, Zip _____
Telephone _____

x _____
Rider/Driver or Handler's
Name _____
Address _____
City, State, Zip _____
Telephone _____

SS# _____

Premium Checks To: _____

Email:

Emergency Contact: