2016 LUDWIG'S CORNER HORSE SHOW Hunter/Jumper Division Entry Form No. TIP# **COLOR SEX HEIGHT** NAME OF HORSE **AGE Entry Form must be** filled out completely and signed by responsible adult. RIDER#I **AGE CLASSES** Name Address ____ Phone **CLASSES** RIDER#2 **AGE** Name Address Phone The owner and/or exhibitor, and his representatives, including the agent and/or trainer signing Note: Must Fill Out Below Information. the entry form below does hereby agree to hold LUDWIG'S CORNER HORSE SHOW ASSOC. Post Entry Fee (\$25) Owner's Name ____ its officials, officers, directors, agents and employees, and also the LUDWIG'S CORNER HORSE SHOW harmless from and against any and all damage or loss that shall occur by fire or other-Owner's Address Entry Fees wise, to the horses exhibited, or to any vehicle or property sent with such horse, and agree not City ______ State _____ ZIP _____ to make any claim therefore against any of them, whether directly or indirectly. Each signatory Schooling Fees (\$15 per ticket) for himself/herself and all persons who might claim through them or who are in any way connected with them does further agree to indemnify and hold harmless the LUDWIG'S CORNER Order & pay for stalls by Aug. 22nd HORSE SHOW and LUDWIG'S CORNER HORSE SHOW ASSOC.. its officials, officers, directors. Stall Fee (\$150) agents and employees, from and against any and all claims, loss, liability, damages, costs or Trainer's Name ____ Includes \$15 Refundable Clean Stall Deposit expenses (including counsel fees and expenses) occasioned by claims or actions for property Trainer's Address Total Due damage and/or personal injury, including death resulting therefrom, arising out of or in any way connected with LUDWIG'S CORNER HORSE SHOW whether caused by the act or failure to City ______ State _____ ZIP _____ METHOD OF PAYMENT: CHECK / CASH / CREDIT CARD act, whether willful or negligent, of themselves or anyone in their employ, or subject to their MAKE CHECKS PAYABLE TO: LCHS control, or caused by any horse, vehicle or other article exhibited by them, or whether caused by the negligence, gross negligence or willful act of any other person, horse, rider or animal O Check enclosed O which is present at the show, whether as an exhibitor, spectator, otherwise, or whether as the result of any cause, including the actual or alleged negligence of LUDWIG'S CORNER HORSE Credit Card # SHOW ASSOC., its officials, officers, directors, agents and employees. **Signatures (2 required for junior riders):** Expiration Date _ It is suggested a Health Declaration form accompany each horse/pony at the show. **N**UMBERS WILL BE ISSUED WHEN: Total Payment ____ Please bring your Credit Card to the Show Entries are paid **Proof of Negative Current Coggins Test** Parent/Guardian of Junior Rider _____ Mail entries before 8/22/2016 to: Entry Form has been signed **Ludwig's Corner Horse Show** 556 Glen Willow Road, Avondale, PA 19311 Each rider with a pre-entered horse will receive **EMERGENCY CONTACT** 610-268-3436 show day 610-316-9748 two (2) passes. All other persons accompanying the rider will be asked to pay the cost of admission. ★ Include Copy of Current Negative Coggins ★