THE VALLEY PARK HORSE SHOW

Stall Counts due: July 14, 2026 **Entries Closing Postmark: July 16, 2026**

NAME OF HORSE	SEX	COLOR	AGE	HEIGHT	USHJA ID #

OWNER NAME_____PHONE_____USHJA#_____

RIDER 1 NAME_____USHJA #_____

Classes:																						

RIDER 2 NAME_____USHJA #_____

Classes:																						

INCLUDE PAYMENT FOR THE ITEMS BELOW WITH ENTRY BLANK

(1) Deposit $25
(2) Entire Show Stall Fee @ $150
(3) 24 Hour Stall Fee @ $75 Day:_____
(4) Haul-in fee $25
(5) USHJA Fee: $3
(6) Office/ Facility Fee @ $45
(7) Non-Showing horse $50

Amount Enclosed:_____ Check # _____

STABLE WITH:_____

TRAINERS - CALL STALL COUNT: Stacey: (515-205-7101)

Mail Entries to:
Rachel Rock Robinson
15602 13TH Street
Milan, IL 61264

MAKE CHECKS PAYABLE TO: **Valley Park Stables**

Sign (18+):	**Sign (18+):**	**Sign (18+):**	**Sign:**
Owner:	**Rider #1:**	**Rider #2:**	**Trainer:**
Address:	**Address:**	**Address:**	**Address:**
City, State:	**City, State:**	**City, State:**	**City, State:**
Phone:	**DOB:**	**DOB:**	**Phone:**

ENTRY AGREEMENT - 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 "Competition" as used herein includes the USHJA and Competition Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Competition with my horse, as a rider, handler, longeur, 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 hold harmless and release the USHJA 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 USHJA 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 USHJA or the Competition. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the USHJA 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 understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the USHJA 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 requisite training, coaching and abilities to safely compete in this competition BY SIGNING ABOVE, I AGREE to be bound by the terms and provisions of this entry blank and all terms submitting this Agreement