

**THE VALLEY PARK HORSE SHOW  
OUTREACH ONLY ENTRY BLANK**

**Show Dates: July 24-28, 2024  
Entries Closing Postmark: July 11, 2024**

NAME OF HORSE	REC #/ ID #	SEX	COLOR	AGE	HEIGHT	BREED

OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_ USHJA# \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

RIDER 1  
NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ USHJA# \_\_\_\_\_

ADDRESS \_\_\_\_\_ IN CLASSES \_\_\_\_\_

RIDER 2  
NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ USHJA# \_\_\_\_\_

ADDRESS \_\_\_\_\_ IN CLASSES \_\_\_\_\_

Circle Classes you wish to enter:

Outreach Warm-up/ Intro Outreach	300	301		114	115	116	117
Beginner Outreach	241	242	243	244			
Intermediate Outreach Eq/ Hunter	250	251	252		253	254	255
VPS Outreach Hunter Hunter/ Eq.	227	228	231		229	230	232
Outreach Classic/ VPS Outreach Jumper	460			320	321	322	

- (1) Deposit Fee @ \$25
  - (2) Entire Show Stall Fee @ \$185
  - (3) 24 Hour Stall Fee @ \$85 Day: \_\_\_\_\_
  - (4) USHJA Fee: If Outreach/Opp only (per horse) @ \$2
  - (4) Office/ Facility Fee @ \$45
  - (6) Medic Fee @ \$35
- MAKE CHECKS PAYABLE TO: **Valley Park Stables**

STABLE WITH: \_\_\_\_\_  
**TRAINERS - CALL STALL COUNT: Ned: (515-418-8577)**  
**Mail Entries to:**  
 Rachel Rock Robinson  
 15602 13<sup>TH</sup> Street  
 Milan, IL 61264  
 Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_

I hereby absolve Valley Park Stables, its officers, employees, and agents from any and all liability for illness, injury or death arising during the course of instruction, show participation or otherwise while on the premises. I hereby agree that Valley Park Stables is not responsible or in any way liable for damage or loss of any tack or equipment that is stored on the premises.

I also knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any Valley Park Event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("**Risks**").

**WARNING: UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.**

By signing below I agree to the terms outlined above:

**RIDER 1** (mandatory) \*Parent/guardian must sign if rider 1 is a minor

**OWNER/AGENT** (mandatory)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**RIDER 2** (mandatory) \*Parent/guardian must sign if rider 2 is a minor

**Trainer** (mandatory)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

