## SILLE

## MHJA

## BACK TO SCHOOL SEPTEMBER 27 - 29

NOTICE!! ENTRIES CLOSE Friday July 5, 2024! Late fee of \$25 if entry form is received after closing date. Show scratches after the closing date will be charged stall & office fees.

ENTER ONLINE www.horseshowsonline.com									
Name of Horse		Breed	Color	Sex	Height	Age F	Pony Measurements	MAIL ENTRII P.O. Box 13904 Je For full specifications on Scratched Regulations Section o Horses scratched after the closing da servic	Horses, please refer to the Rules & if this MHJA Prize List. te will be charged the stall fee and the
Rider's Name Rider #1		Jr. Birthday #1	MHJA LHJA  List Classes by Class # to be Entered  Circle Membership  Rider #1					OPEN CHECK PAYABLE TO MHJA \$40 Fee on all Returned Checks Name/Prize MONEY  SSN or Fed ID:	NEGATIVE COGGINS REQUIRED  GOLF CARTS DRIVEN BY LICENSED DRIVERS ONLY
Rider #2		#2	Rider #2					STALLS @ \$75	
							SHAVINGS @ \$8 REG CLASSES @ \$25		
MISSISSIPPI HUNTER JUMPER ASSOCIATION ENTRY AGREEMENT  By entering a MHJA competition and signing this entry blank as Owner, Lessee, Rider, Trainer, Agent and on behalf of myself and my principals, I agree that I am subject to the Bylaws and Rules of MHJA and the rules of its competition. I agree to be bound by the Bylaws and Rules of the MHJA and this competition. I will accept as final the decision of the Healing Committee on any question arising under the Rules and agree to release and hold harmless the competition, the MHJA, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or to participate under the rules and every horse I am entering its eligible as entered.  MHJA RELEASE, ASSUMPTION OR RISK, WAIVER, AND INDEMNIFICATION  I AGREE that I choose to participate voluntarily in the Competition involve inherent dangerous risks of accident, loss and serious								ACADEMY CLASSES @ \$20HUNTER/JUMPER DIVISIONS \$70HUNTER DERBY \$150	
bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I AGREE to release the MHJA from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me and my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Association or the competition. I AGREE to expressly assume all risks of Harm to me and my horse, including Harm resulting from the negligence of the MHJA. I AGREE indemnify (that is to pay a worse, costs, damages incurred by) the MHJA 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. I have read the MHJA requires me to do so while WARNING that no protective equipment can guard against all linjures. If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and I AGREE to assume all of the obligations of this Release on the child's behalf. I AGREE that "the Association" and this "competition" as used above includes all of the officials, officers, directors, employees, agents, personnel, volunteers. I AGREE that if I am Injured all this competition, the medical personnel treating my Injuries may provide information on my injury and treatment to the MHJA on the							JUMPER CLASSIC \$50EQUITATION CHALLENGE \$50		
official Injury.  WARNING  Under Mississippi law, an equine or livestock activity, sponsor or an equine or livestock professional is not liable for an Injury to or the death of a participant in equine activities or livestock shows resulting from the inherent risks of equine activities or livestock shows, pursuant to this chapter. Mississippi  Code Annotated section 95-11-7.  BY SIGNING BELOW, I AGREE to be bound by all applicable MHJA Rules and all terms and provisions of this entry blank.						R/B WARMUP \$30  FRIDAY GREEN HUNTER CHALLENGE \$50			
Owner/Agent	Trainer/Agent		Rider#1			Rider#2		SATURDAY HUNTER CLASSIC \$100  NON-SHOW HORSE \$25	
Print Owner's Name Address	Print Name Address		Print Name #1 Address			Print Name #2 Address		CAMPER FEE \$25/DAY  OFFICE FEE/ EMT \$50	
City/State/Zip Teleohone	City/State/Zip Telephone		City/State/Zip Telephone			City/State/Zip Telephone		TOTAL	
Guardian (if under 18) Email	Guardian (if under 18) Email		Guardian (if under 18) Email			Guardian (if under 18) Email		STABLE ME WITH:	