



PARADISE HORSEMEN'S ASSOCIATION

"A-MAZE DAY" Type 1 SHOW

Rider name: _____ New member: Y or N

Horse Name: _____

E-Mail address (If not already on file): _____

Address: _____ City: _____ Zip _____

Phone: _____ Birthdate(Required): _____

Division:(circle one) Leadline 25/-, 26-45, 46-65, 66/+, In-hand

**Age divisions may be adjusted depending upon entries submitted
(Leadline and In-Hand divisions are non-competitive and not eligible for awards)**

SHOW EVENTS

Please mark each event you wish to ride in.

____ 3 in 1 Scramble

____ Butterfly Maze

____ All in One

____ Dizzy Cups

____ Crazy Flags

ENTRY FEE \$6.00/event x _____ \$ _____

OR

ALL EVENTS: \$30.00..... \$ _____

LEADLINE: \$3.00/event \$ _____

IN-HAND: \$3.00/event

GROUND FEE: **\$5.00**

PHA Membership- family \$50 \$ _____

Single \$40

Junior \$30

Series fee(4 show awards) \$20.00 \$ _____

PHA member series fee \$15.00 \$ _____

SUBTOTAL FEES \$ _____

coupons redeemed _____
(Credits...if any) < _____ >

TOTAL FEES DUE: \$ _____

Cash: _____ Check # _____ VM _____ Rec'd by _____

RELEASE OF LIABILITY: The Paradise Horsemen's Association and Paradise Recreation and Park District will not be responsible for any accident that may occur to be caused by any horse competing at this show or for any article of any kind or nature that may be lost or destroyed or in any way damaged. Each competitor will be responsible for any injury that may be occasioned to any person or animal or damage to any property while on the grounds by any horse owned, or in his custody, or control and shall indemnify & hold harmless the Paradise Horsemen's Association, and Paradise Recreation and Park District, clubs & arena owners, from & against all charges & expenses of every kind and nature whatsoever arising out of or which may be incurred by reason of any accident, injury, or damage to person or property caused by the ownership, competition or custody or control of any animal competition.

All riders under the age of 18 MUST wear a helmet at all times while mounted while in the arena.

Please note: PHA "DOES NOT" carry medical insurance for its members.

I Certify that I have read & agree to all of the above.

SIGNATURE (Parent or guardian if under age of 18) _____

