



# KANAWHA VALLEY HORSEMEN'S ASSOCIATION

# Part A

**Barn Affiliation:**  
**KVHA Membership Number: :**

## Entries Due Monday BEFORE Show

Please submit entries via email to  
 kvhashows@ginail.com.  
 Payment. can be made by check on the date of the show or  
 by mailing a check to:  
 PO Box 1189, Charleston, WV, 25324  
prior to the event. Access to the office will be limited.  
 Stall reservations should also be requested at the above  
 email prior to the show.

**Each horse is required to have Coggins on file at  
 the office and posted on stall**

### Stabling Fees Must be paid for each horse

Qty	Fee	Cost	Description
	45		Stall (includes grounds fee)
	45		Tack Stall
	20		Electric Hook Up (First Day)
	20		Electric Hook Up Additional day
	10		Late Entry Fee (per horse)
	20		Entry Fees
	10		Grounds Fee with no stall (per horse per day)
	50		Jackpot Entries
	25		Non Membership Fee
			Additional tack stall based on availability.
			Please contact show secretary prior to show arrival
			Sponsorship / Donation
			<b>Total Remittance Enclosed</b>
			Camper/Trailer License Plate#

### ONE ENTRY BLANK PER HORSE

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Horse's Name: \_\_\_\_\_  
 Registration#: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Height: Breed: \_\_\_\_\_  
 Age: \_\_\_\_\_

*Class #    Age*

*Rider/Driver*

<i>Class #</i>	<i>Age</i>	<i>Rider/Driver</i>

Rider #1:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 UPHA#: \_\_\_\_\_  
 KVHA Membership #: \_\_\_\_\_

Rider #2:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 UPHA#: \_\_\_\_\_  
 KVHA Membership #: \_\_\_\_\_

Ride1- #3:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 UPHA#: \_\_\_\_\_  
 KVHA Membership #: \_\_\_\_\_

Rider #4:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 UPHA#: \_\_\_\_\_  
 KVHA Membership #: \_\_\_\_\_

Rider #5:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 UPHA#: \_\_\_\_\_  
 KVHA Membership #: \_\_\_\_\_

Rider #6:  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 UPHA#: \_\_\_\_\_  
 KVHA Membership #: \_\_\_\_\_

**PART B (SIGNATURE FORM) IS REQUIRED - ENTRIES WILL NOT BE ACCEPTED WITHOUT SIGNATURES**

Please make copies of form if needed. Interactive form available on our website

**SIGNATURES REQUIRED IN TWO or THREE PLACES (AT X) BELOW**

**Entries Not Signed Will Not Be Accepted \* \* Carefully Read This Agreement Before Signing!**

- I. EVERY ENTRY AT THE KVHA HORSE SHOW SHALL CONSTITUTE AN AGREEMENT AND AFFIRMATION THAT ALL PARTICIPANTS (WHICH INCLUDE WITHOUT LIMITATION, THE OWNER, LEASEE, TRAINER, MANAGER, AGENT, COACH, DRIVER, RIDER, HANDLER AND THE HORSE) FOR THEMSELVES, THEIR PRINCIPALS, EMPLOYEES, AGENTS AND REPRESENTATIVES SHALL:
- II. REPRESENT THAT THE INFORMATION CONTAINED IN THIS ENTRY IS TRUE FOR EVERY HORSE, OWNER, RIDER AND HANDLER LISTED; (2) AGREE TO BE BOUND BY AND ACCEPT AS FINAL ALL DECISIONS BY THE KVHA HORSE SHOW, ITS OFFICIALS, DIRECTORS, EMPLOYEES AND AGENTS RESPECTING ANY AND ALL QUESTIONS ARISING AS A RESULT OF THE ENTRIES, FEES, COMPETITION, CLASS SCHEDULES, BOX, TIE AND TACK STALL ASSIGNMENTS, JUDGES' DECISIONS AND AWARDING OF PRIZES;
- III. AGREE THAT THEY PARTICIPATE VOLUNTARILY IN THE KVHA HORSE SHOW COMPETITION WITH FULL AND COMPLETE KNOWLEDGE THAT SAID HORSE SHOW COMPETITION INVOLVES INHERENT AND DANGEROUS RISKS OF SERIOUS INJURY OR DEATH, AND BY PARTICIPATING THEY EXPRESSLY ASSUME ANY AND ALL RISKS OF INJURY AND LOSS, AND THEY AGREE TO INDEMNIFY AND HOLD THE KVHA, ITS OFFICERS, DIRECTORS AND INDIVIDUAL MEMBERS AND ITS EMPLOYEES AND AGENTS, ITS OFFICERS, DIRECTORS, AGENTS, EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS AND DEMANDS INCLUDING CLAIMS CONNECTION WITH COMPETITION IN THE KVHA HORSE SHOW , WHETHER OR NOT SUCH LOSS, CLAIM, INJURY OR DEATH RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE SAID KVHA, ITS OFFICERS, DIRECTORS AND INDIVIDUAL MEMBERS.
- IV. AGREE THAT MY PICTURE(S) MAY BE TAKEN AND USED IN PROMOTIONAL MATERIALS INCLUDING, BUT NOT LIMITED TO, WRITTEN PUBLICATIONS AND THE KVHA WEB SITE

**Signatures below indicate that each of us has read and understands the above. If emailing: Agree that typed name in the "Print Name" field is the same as written signature.**

**X** \_\_\_\_\_  
*Trainer*

Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**X** \_\_\_\_\_  
*Owner*

Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**X** \_\_\_\_\_  
*Parent/Guardian (if under 18)*

Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_